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COST-BENEFIT ANALYSIS AND SOCIAL WELFARE

An exploration of possible applications

Abraham S. Levine*

Cost-benefit analysis as a technique for evaluating the comparative effectiveness of alternative programs has widespread but as yet unrealized applicability in the social welfare field. It is a tool for the administrator confronted with the need to make choices among viable competing programs designed to achieve certain specified objectives. It is not a substitute for the educated judgment of the decision-maker. Rather it provides a package of relevant information on which to base certain kinds of decisions. Also, it does not favor the "cheapest" or even the "best" program but the optimal program in terms of the available resources (money, trained personnel, facilities).

By "cost-benefit" is meant the relationship of the resources required (cost) to attain certain goals (benefit). It is based on the economic concept that many executive decisions involve the allocation (best use) of limited resources among competing requirements. The allocation of available resources is determined by a comparative analysis of the current system with presumably practicable alternative systems.

In principle cost-benefit analysis may be applied to social welfare problems; in practice it has not been used to any significant extent. It has been asked, for example, whether the income maintenance objectives of the public assistance programs might not be better served by other kinds of transfer payments. Would the negative income tax more effectively meet the needs of the poor than public assistance grants? Under this generic plan, any family whose tax return indicates an income below the poverty line (and ordinarily on which no income tax would have to be paid) would instead receive payments, the amount of which depends on the distance between their income and a specified poverty standard such as that developed by Mollie Orshansky.[1]

The most limited negative income tax plan would involve paying to poor families the tax value (usually at the first bracket rate) of the exemptions and deductions they are unable to claim. But this policy would serve to reduce, only by a fraction, the income deficiency of a large family. Most of the other tax proposals are more liberal, up to a complete closing of the poverty gap.

Obviously there are many factors which must be considered before anything as pervasive as a negative income tax can even be regarded as at all practicable. For instance, it is estimated by economists and others who have done the most work on the subject that the $20 billion current total income of the poor in the United States (which includes $4.8 billion in public assistance payments) would have to be increased by $12 billion

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[1] *Orshansky, Mollie. "Counting the Poor: Another Look at the Poverty Profile." Social Security Bulletin, January 1965, v. 28 no. 1, pp. 3-29, Social Security Administration, Department of Health, Education, and Welfare, Washington, D.C.*

if the Nation's 35,000,000 poor are to be brought up to the poverty-line level. A rather apparent objection to this proposal is that a $12 billion increase in expenditure, added to the $4.8 billion public assistance program, would represent what most people would consider a prohibitive expenditure for the Nation. One counterargument is that these payments would constitute high-velocity money which, if injected into our national economy, would eventually be reflected in a substantially larger Gross National Product. But it may also be argued that $12 billion is a hypothetical sum and only a relatively good estimate under certain conditions. In fact, total payments to the poor might even be considerably higher than $12 billion if the possibility of receiving a rebate were to influence, and thus reduce, the incentive to work of some of those now earning.

A variation of this general plan would be to provide graduated payments: thus a family of four with no income would receive $1,500, a family of this same size with $1,000 income would receive a $1,000 "negative tax" rebate, a family with $2,000 income would receive $500, and a family with $2,800 income would be entitled to $100. Such a modified plan, properly scaled for family size, certain categories of income and the like, would have the advantage of costing considerably less--perhaps $5 billion in addition to the current public assistance level--and would not have the work disincentive feature of the more liberal plan. This approach is in line with current trends to exempt specified amounts of earned income for public assistance recipients.

This mix of public assistance and some form of negative income tax may also be regarded as one of many alternative programs of income maintenance. It should be noted that the administrative costs of such a mix of negative income tax and public assistance programs would be greater than if the additional funds were used to provide a more adequate level of public assistance.

There are other kinds of income maintenance, some of which have been put into practice in other countries. Canada and Sweden, and, to a large extent, Great Britain, provide for some form of a "demogrant"--i.e., a uniform payment to certain categories of persons identified only by demographic characteristics, usually age. Although the demogrant is part of the social insurance system, it can be applied more broadly, on the basis of other characteristics, and integrated into an overall program for income maintenance. It is apparent that the permutations and combinations of possible income maintenance plans are multitudinous.

This discussion also suggests the need for an analytical scheme such as cost-benefit to determine which of a number of possible income maintenance programs will result in an optimal realization of objectives (benefits) in terms of any given allocation of resources (costs). A point worth underscoring is that the "objectives" in a very real sense represent policy statements. A cost-benefit analysis does not as directly contribute to the formulation of top-level policy as much as it serves as a device for determining which of several programs would best implement policy. Top-level policy formulation which must interact in successive stages with cost-benefit analysis and other research is based on a host of value and judgmental considerations.

Significance for Current Policy Makers

Cost-benefit analysis has had its most widespread application in the military as a result of the work of Hitch and his associates (see bibliography). To attain specified objectives of national security, complex decisions have to be made regarding the best mix of weapons systems. Choices have to be made with regard to projected needs. Resources are always limited so that getting the "most for the money" becomes an important consideration. The most is not usually the cheapest or the best, but rather the optimal. To assist the decision maker, the systems analysis personnel set about to devise an analytical technique which became known in the military as "cost-effectiveness."

(The synonomous term "cost-benefit" has more appropriate connotations for the social welfare situation.) Secretary Robert S. McNamara and his staff were greatly impressed by the efficacy of this technique and concurrence with this judgment was reflected in a recent White House memorandum.[2] Many Government agencies are now adapting these procedures to meet their respective needs.

Essential Elements

The three major components of the cost-benefit system of analysis may be delineated as follows:

1. Costs--not easy to determine, since they depend upon how estimated. Cost-analysis or accounting is exclusively concerned with this aspect.

2. Benefits--these refer to whether desired changes have taken place and to what extent.

3. Objectives, Goals, Values, and the like--these elements are related to 2. and imply an agreed upon degree and kind of change. They require clear specification and quantification which are often difficult to achieve in the social welfare field. Also, objectives, goals and values should be cast, insofar as possible, in the same form as the measures of the benefits derived. The "objectives" constitute the criteria which determine whether a "benefit" is in fact so.

Thus, cost-benefit analysis applied to a particular program may be conceptualized as a triangle. In addition to the program currently in operation, there are alternative programs which may be designed to achieve substantially the same objectives.

A host of principles and considerations which are applicable to each of the three sides of the triangle are spelled out elsewhere for social welfare.[3]

There are a number of salient features which are at least implicit in cost-benefit analysis, and these cannot be emphasized enough. The first of these is that a very clear specification be developed in as objective terms as possible of the objectives or goals of the program and its alternatives. This is far from easy. To take an example from the public health field: when one has measles, the change desired is that the specific syndrome known as measles should disappear leaving none of the specific after-effects known to be associated with the disease.

Objectives in the social welfare field may be similarly defined, although not as simply. It is well known that a major research predicament arises in evaluating the outcome of social or psychiatric services because neither the "ailment" to be treated nor the goals of treatment are defined in terms as concrete and self-evident as the measles situation.

Among the gains to be achieved by this evaluation process is a sharpened definition of intervention goals. If the diagnosis is measles, the goal is cure of measles; if it is a broken leg, the goal is the restored use of the leg. The goal of therapy, then, is implicit in but not fully defined by the diagnostic classification of the conditions or circumstances that are to be changed. Unless the goal is made explicit, there is no basis for saying whether and to what extent it has been reached.

In practice, adequate spelling out of a goal usually requires that it be related to the diagnostic classification and to the characteristics of the individual involved. The more the practitioner knows about both, the more realistic can be the service. Likewise, the researcher should also know both; otherwise he is simply whistling in the dark or at best is driven back to an accounting type study in cost-analysis.

It is not enough to specify what change is sought; you have to know how it is to be effected. Then you have to know the

[2] *Bulletin No. 66-3 of the Executive Office of the President, 12 October 1965 on Planning-Programming-Budgeting.*

[3] *Hansen, M. H. and Genevieve W. Carter. "Assessing Effectiveness of Methods for Meeting Social and Economic Problems," in Economic Progress and Social Welfare, L. Goodman, ed. In press, Columbia University Press, New York.*

measure or rating by which the change is to be measured, e.g., the CSS Movement Scale.[4] At what points are change to be measured? What samples should be used and why? What controls, if any, are to be used?

Another important gain--which may be considered a by-product of cost-benefit research--is that it forces us to consider possible alternative programs which might not otherwise be formulated. This is often a creative enterprise which involves the concerted efforts of the administrator, the practitioner, and the researcher. Since many alternative programs have not been tested, because they exist only in the planning and design stage, this poses another problem.

With regard to alternative programs of social welfare services, demonstration projects may generate approximate answers regarding both cost and effectiveness of larger scale operations. In the income maintenance examples cited at the beginning of this article, an approach used by the military and others may be fruitful. This technique is called simulation or modelling. All relevant variables with presumed values based on the best available knowledge are fed into the computer and the various possible consequences are played out. The computer read-outs generally provide the basis for more educated guesses as to outcomes of untried programs than unaided expert judgment. Thus, we have in effect what amounts to "welfare gaming" similar in form, but not in content, to "war gaming." It is essentially an "if...then" logical game in which many of the consequences implicit in the antecedent conditions are worked out. The degree of resemblance to reality is a function of the "goodness" of the model.

Some Cautionary Words

Despite the sanguine picture painted in the foregoing discussion, there are many pitfalls inherent in applying an intricate and complex methodology since the conclusions which come out can be no better than the assumptions that go in.

Also, realism and economy cannot be stressed too much. There is no point in doing expensive evaluative research, if a simpler and cheaper survey is sufficient to provide the basis for a cost-benefit analysis. Above all else, it should be remembered that the purpose of administrative research is to provide the administrator or decision-maker with useful information to put into the hopper. Ultimately this information will constitute only part of what is necessary for the administrator to make the most judicious decision possible. The findings of research or analysis are no substitute for decision making but serve as aids to the administrator--in many cases, indispensable aids. In any case, the researcher should endeavor to provide the administrator with the most complete, relevant information possible on which he can base decisions.

Levels of Application

There are various governmental hierarchies of the social welfare system to which cost-benefit analysis may be applied. The national, regional, State and local levels are interrelated and interact on each other, but to a large extent many problems are unique to a particular level of operation.

How the objectives of public assistance may best be served with given levels of funding is a national policy consideration. The problem of what would constitute the optimal package of services to meet certain specified objectives is of primary concern to the Welfare Administration and to State Welfare Departments. At the level of the local welfare agency concerns are focused more sharply on what constitutes optimal procedures for the implementation of programs of services and financial assistance.

All of these governmental levels are concerned with determining and implementing the most effective alternatives

[4] *Kogan, N., L. S. Kogan and J. McV. Hunt, "Expansion and Extension of the Use of the Movement Scale." Social Casework, 1962, v. 33, pp. 10-12.*

to achieve policy objectives. However, there are differences in the preciseness of the information which can be fed into the cost-benefit machine at these different levels. Generally speaking, the most accurate information for analytical purposes is obtainable at the lower organizational levels where the activities involve actual contact with individual clients. As information is coded for transmission up to the more generalized levels, some precision is lost.

It has been clearly demonstrated in the military, for example, that the effectiveness of a single weapons system and its proposed alternatives can be more easily and accurately determined than the effectiveness of the entire deterrence and retaliatory system. Therefore, the basic inputs that the military establishment buys are generally significant because of their effects on what might be called weapons systems--aggregates of men and equipment whose performance can be measured in terms of definable criteria. The original resources are aggregated in terms of proximate criteria that are relevant to broader objectives.

Since the social welfare system in the United States is not under centralized control as is the military, it is difficult for many reasons to cumulate all local programs and attempt to make them add up to a meaningful national aggregate. The effectiveness of a particular program of services at a local level must be evaluated in the total context of all other programs in the local agencies which are competing for available resources. Consequently, policy makers at a particular governmental level require information appropriate to that level.

With this realization, cost-benefit research is now being planned for different levels. Research designed to be applicable to improved functioning of local and State welfare agencies in achieving their objectives is being considered for funding under the Cooperative Research and Demonstration Grants Program of the Division of Research, in the Office of the Commissioner of Welfare. Analytic studies having national policy implications are being designed and implemented by Welfare Administration research personnel. The responsible offices and Bureaus in the Welfare Administration are now in the process of planning and funding research to determine the relative effectiveness of alternative programs of social welfare services.

The Focus is on the Future

It should be pointed out that virtually all research in substantive areas of social welfare feeds into the formal structure of cost-benefit analysis. Many of these research studies, which provide the bases for design of alternative programs, are essential to the conduct of cost-benefit analysis and ultimately to increased program effectiveness.

While the results of cost-benefit analysis have implications for current practice, their primary usefulness is in terms of planning for the future since alternative programs being evaluated often do not exist operationally on a massive scale. This means that the context of these programs must be conceptualized in terms of a future time period, say from 1970 to 1975. A time-frame orientation has long been regarded as one of the facts of life by the public administrator. But the next year can generally be foreseen with greater accuracy than five or ten years ahead, and it is therefore necessary to conduct these studies on a continuing basis. The picture can be periodically updated because the more time distant the action plans the less definite they are.

AN ILLUSTRATIVE STUDY

In order to obtain some understanding of what goes into and what comes out of a cost-benefit study, it is helpful to review an excellent study by M. E. Borus.[5] The

[5] *Borus, M. E. "A Benefit-Cost Analysis of the Economic Effectiveness of Retraining the Unemployed." Yale Economic Essays, v. 4, No. 2, Fall 1964, New Haven: Yale University Press, 1964.*

purpose of the Borus study was to weigh the benefits and costs of retraining the unemployed to determine if retraining is a good investment for the individual worker, the Government and the economy. It was based on data gathered in interviews with 373 Connecticut workers who were involved in retraining courses. The benefits of retraining were assessed by comparing post-retraining employment experience of workers who completed the courses with the experience of workers who did not enter or did not complete the program.

The analysis of the interview data was limited to the economic variables which were regarded as quantifiable by the economist conducting the research. The psychological and sociological variables involved in retraining were not dealt with.

First, let us backtrack a bit. The U.S. Congress recognized that the failure of the unemployed and underemployed to move into job openings is attributable to their lack of marketable skills and that it is these skill requirements which serve as effective barriers to labor force mobility.

To help remedy this situation the Manpower Development and Training Act of 1962 was enacted. This provided for retraining costs and living allowances. In 1963 the allowances were increased.

The nature of the analysis was determined by the objectives. The aggregate objectives of the training programs were indicated by Congress in the Act's provisions. They are in effect:

1. To increase the Nation's output.
2. To reduce the aggregate level of unemployment.
3. To reduce the costs of unemployment.
4. To reduce the burdens of unemployment for specific groups of the unemployed.

The first two objectives are the benefits to the economy. They also serve to delineate economic benefits to the government in that a rise in Gross National Product as a result of retraining increases tax revenues and a reduction in aggregate unemployment reduces government expenditures for unemployment benefits. Thus, the third objective, which is not a benefit to the economy because it is merely a reduction in transfer payments rather than a real cost, is a benefit to the Government.

The fourth objective is basically one of income redistribution and is not a direct economic benefit to either the economy or the Government. However, an attempt to fulfill this objective will indirectly affect both sectors by its impact on workers who are placed in jobs.

These objectives were recast into researchable terms as follows:

1. The determination of the economic benefits derived from retraining by the individual worker, the Government, and the economy.

2. The determination of the economic costs of retraining to the individual worker, to the Government, and to the economy, and an evaluation of the efficiency of the M.D.T.A. program and of possible alternative programs.

3. The comparison of these economic benefits and costs to determine the value of retraining as an investment opportunity for the individual worker, for the Government and for the economy.

4. The evaluation of alternatives to the present organization and sponsorship of the training program.

These objectives were further processed into researchable questions. Some of these were:

What is the probability that a given worker will use the retraining?

What are the expected benefits of retraining for an average worker?

Have the retrained workers displaced other workers? Have they induced reductions in production which might offset the benefits to the Government and to the economy?

What is the expected duration of the aggregate benefits?

What are the expected benefits, per worker who enters retraining, to the Government? to the total economy?

What are the approximate costs of retraining to the workers? the average costs to the Government and to the total economy?

What would be the effect of alternative proposals (who pays for the training--the workers? private firms?) on the aggregate costs?

Do the benefits, when weighed against the costs, justify the retraining program as an investment for the individual? for the Government, and for the total economy?

How would the cost-benefit ratios change if the alternative proposals were adopted?

Should the retraining program be removed from the auspices of the Government and the cost of the training be defrayed by the individual or by the private sector?

What effect would such an action have on the number and composition of the workers who are retrained?

In order to obtain answers to these and related questions the interview data were analyzed by the multiple regression technique. The justification for this procedure was based on the fact that many factors were found to be correlated with the training status of the individuals in the sample. Therefore, simple comparisons of average wage incomes, unemployment, and government unemployment benefits received according to training status could not be computed directly to indicate the effects of retraining adequately. To attempt to do so would be to confound the influence of the characteristic differences among the different groups of workers with the actual effects of retraining. Multiple regression techniques permit the variables which are correlated with retraining to be taken into account, so that the effects of retraining can be isolated.

The Borus study findings revealed:

1. The average annual gross income of the workers who used the retraining was $500 greater than their expected incomes in the absence of retraining.

2. Eighteen percent of the sample workers who used retraining left the retraining occupation within a year after their graduation from the course. To the extent that the retrainees continue to leave the retraining occupations in future years, the average direct benefits will fall.

3. Sixty-seven percent of the sample workers who enrolled in the course subsequently made use of it. The percentage of the hard core unemployed who used the training was 51 percent for workers 30 years and older, 54.5 percent for workers with less than 10 years of education, and 58.4 percent for workers unemployed three months or longer.

4. The total economic value to the average individual in the total sample estimated for a 10-year period was only between $450 and $850. Several of the most important factors which considerably reduced the net benefits to the individual and accounted for the low dollar figures were: increased income and social security taxes, smaller unemployment benefits and the extent that retrainees leave the retraining occupations. A decade constituted the time frame for estimating benefits since the occupational future was regarded as completely unforeseeable beyond that period.

5. Taking into consideration all factors, (in the assumed model) including no displacement of other workers, the average present value of the expected benefits per worker enrolled in the retraining were much higher for the Government than for the individual. Expected benefits per worker are defined as increases in tax revenues and decreases in unemployment transfer payments, and the average present value of the expected benefits of retraining for the economy. The estimated value of the benefits to the Government was between $5,500 and $8,000.

6. These benefits were multiplied still more in the total economy by virtue of making unskilled and semi-skilled jobs available to other workers who would otherwise be unemployed. The net benefits to the total economy over the 10-year period was estimated as being between $20,000 and $30,000.

7. When all possible cost factors were taken into consideration, and appropriate adjustments made, estimates of cost of retraining were obtained. The average

cost figures of the retraining for the individual, in terms of earnings lost and not replaced by allowances, was about $180 for the employed and a small negative value for the unemployed. The cost to the Government was about $350 and to the economy about $300.

8. The foregoing analysis yielded benefit-cost ratios of approximately 2.5 to 5 for the previously employed worker, 16 to 23 for the Government and between 67 to 100 for the economy.

This study clearly demonstrates (if the underlying assumptions are valid) that the benefits are considerably greater than the costs. In addition, the Government and the economy's benefit-cost ratios for the program are much greater than the individual worker's ratio. Therefore, the individual should not have to assume the total cost of the retraining.

Following through on the alternatives initially postulated, Borus also posed the question as to whether the retraining should be sponsored by the Government or private firms. The present program operates in areas where skilled labor shortages have existed for long periods. The fact that it is almost wholly government-sponsored indicates that retraining is not yet considered profitable, even by those private firms where the demand for skilled labor is most acute. These firms cite what they consider the prime risk factor: that the worker would not remain with the firm after completing the retraining. Thus, without the present government program, retraining would not otherwise occur. Since the external effects of retraining yield high public benefits when private benefits may be quite low, it is therefore proper and necessary for the Government to assume the costs of the program.

COMMENTARY

The Borus study points up the kind of careful conceptualization and analysis which must go into a specific cost-benefit analysis.

The objectives of retraining were formulated in general terms by the Congress, and these had to be converted into researchable terms. The real costs were carefully determined for the individual, for the Government and for the economy as a whole, and the realized benefits were calculated for all three.

The objectives were further translated into answerable questions. These questions served as a basis for appropriate collection and analysis of data.

The alternatives in this study were that the individual defray the total costs of retraining or that private firms sponsor the retraining. Both of these were regarded as less tenable than Government sponsorship primarily for fiscal reasons.

Ordinarily, the decision as to who should pay for a social service which has been evaluated as being necessary is made on the basis of the current societal value system. Where this is the case, the formulation of policy is relatively simple. Where there are conflicting values, however, very knotty policy questions may sometimes develop. An example: many Americans hold to the belief that anyone who is able to work for a living should not be entitled to public assistance. We may therefore trace the application of this belief to the Aid to Families with Dependent Children program which encompasses predominantly female headed households. Most of the mothers who are assisted under this program want to be economically independent and, wherever possible, prefer job training. Child care services are provided during the period when the AFDC mother is undergoing job training.

However, in a program of this sort, questions arise to create a dilemma: Would the children be better off if brought up by their own mothers? What of the working mother's plight after training when she must scout around on her own for child care services, which might cost her a substantial proportion of her earnings, if she can even manage to find a suitable arrangement?

Such conflicting value judgments, however, are generally not a problem in the MDTA programs which aim largely at retraining unemployed fathers. Borus was therefore able to simplify his task

by expressing costs-objectives-benefits in the same metric (dollars). Psychological and sociological benefits were not explicitly taken into account. But even in this case the benefits picture would have been enhanced by a consideration of such difficult-to-quantify variables as the positive psychological and social effects on the family resulting from the improved employment status of its male head.

It is generally important, however, in evaluating social services programs to assign values to the less tangible variables (on either a judgmental or somewhat more objective measuring scale basis) since they may represent the major realizable benefits. In the case of programs for the aged, for example, it would be most inappropriate to apply the dollar criterion in evaluating the benefits derived from alternative programs of services such as home care vs. nursing home care.

Even in the study of skill training, it may have been possible to assign weights to the less tangible benefits. One might attempt to measure changes in attitudes and motivation resulting from exposure to training. Thus, one can postulate that such variables as alienation, aspiration, and perceived opportunity will be favorably modified as a result of successful completion of training and appropriate job placement. Then, by means of an attitude scale, one can proceed to measure such changes.

In order to measure changes in psychological and social variables, it is useful to have a "social impact" theory. This theory or "impact model," at the very least, will define the variables which should be measured and provide the basis for experimental replication. Also, it will identify the locus of change and furnish a guide to the practitioner as to where to concentrate efforts. This may lead to even greater tangible benefits. Thus, one hypothesis may be that, as the training program raises aspiration levels and changes perceptions of the opportunity structure, those individuals showing the greatest change (in the appropriate direction) would be most likely to seek and hold steady jobs.

With regard to many other programs of social services, the major objectives aim at changes in the recipients, and these changes are the criteria of what constitute "benefits." The question may be raised at this point as to why cost-benefit research is based on a systems concept when change is usually brought about by a change agent acting on a particular person at a certain time in a circumscribed part of the system. Whether a change may be regarded as a benefit is a function of the entire systems context. For example, certain changes will facilitate a particular individual's adjustment to middle-class society but have adverse effects on adjustment to his lower-class milieu. Whether this change constitutes a benefit depends on the social context in which the individual will have to function predominantly. Sometimes, it becomes feasible to alter a subcultural value system so that the change is a net gain to the target group and to society as a whole. Television and other mass media appear to have the effect of reducing cultural differences among classes while tending to move the lower classes part of the distance toward the middle-class value system.

Again, it should be pointed out that cost-benefit analysis of programs of services may be conducted either at a national level or at a local level. The character of the analysis would depend on the particular level of operation since the nature of the decision-making is different at each level. A national level analysis would focus on a comparison of the particular on-going program with other viable alternatives aimed at realizing similar objectives. At the level of the local agency, the comparison would most meaningfully be directed to the different programs which are competing for the available resources (funds, trained personnel, special facilities). In the domain of income maintenance, however, the basic policy questions must be answered at the national level in order to minimize the generating of gross inequities.

IN CONCLUSION

Cost-benefit analysis provides an information planning package for administrators who have to decide which one of several alternative programs should be implemented. These programs must have their objectives clearly formulated in terms which will facilitate the measurement of realized benefits.

The application of this technique tends to generate valuable by-products. It forces the careful formulation of objectives and goals in as objective and as measurable a form possible. Since cost-benefit research implies that there be alternative comparable programs, this makes for the development of other systematic ways of accomplishing the specified objectives, and thus makes possible increased program effectiveness.

As a planning technique, the policy impact of cost-benefit analysis is aimed at some future time period. Ideally, alternative programs either must be subjected to laboratory simulation techniques and then, where possible, field testing, i.e., demonstration projects. Occasionally, the nature of the alternatives is such that experimentation is not necessary or not feasible. In this case, a thorough, logical and economic analysis in terms of available relevant data may be all that can be done before making a decision.

Cost-benefit analysis has made it possible to spin out the logical consequences of an enormous number of possible policy variables. This "if....then" game, long familiar to military strategists, can also be applied to the social welfare field. The systems analysis approach, of which cost-benefit is a variant, has been an enormously valuable tool in decision-making involving huge hardware systems. This same approach can be adapted to serve the needs of the social planner at various levels: national, regional, State, and local.

Cost-benefit analysis is an extremely useful methodology when appropriately applied. Since it is an intricate technique with many underlying assumptions and value judgments, the outcomes can be only as reliable as the inputs. Above all, it should be remembered that all the powerful information analyzing and synthesizing systems are but aids to and not substitutes for the judgment of the experienced administrator.

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Tender-Minded and Tough-Minded Approaches in Evaluative Research

Leonard S. Kogan* and Ann W. Shyne**

This paper is an outgrowth of a series of activities sponsored by the Welfare Administration on program evaluation for social welfare services. Following a workshop on measurement of family functioning, two subsequent conference sessions concentrated on problems of evaluative research. The authors presented this paper at one of these sessions, which was held at the time of the 1965 National Conference on Social Welfare.

Around the turn of the century the famous American philosopher and psychologist, William James, noted the difference between "tough-minded" and "tender-minded" people. This dichotomous typology, somewhat akin to Carl Jung's dimension of extraversion-introversion, or, more recently, to David Riesman's "other-directed" and "inner-directed" persons, was intended to differentiate between the tough-minded, pragmatic person who is primarily oriented to the "hard facts" of the real world in contrast to the tender-minded, "thinking" person who is concerned with the subjective world of the mind and feelings.

It is interesting to press this metaphor of tough-minded vs. tender-minded to the case of intervention programs and especially to the selection of criteria by which the effectiveness of a particular intervention program is to be evaluated.

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For references, see end of article.

By intervention programs we are referring, in this context, to any kind of reasonably planned activity designed to support or strengthen the psychosocial functioning and welfare of individuals and/or families. This would include social casework, psychotherapy, group work, family life education, and the like.

In considering evaluation of intervention programs, we may begin by repeating again what has so often been said before, namely, that the specification of criteria for assessing the "success" of an intervention program ought to derive from the goals and objectives of the program. Unfortunately, as many researchers know to their sorrow, enunciating this basic principle of evaluation is often like blowing in the wind since so many intervention programs have implicit rather than explicit goals, with a high concentration on very generalized goals such as the improvement of mental health or the strengthening of family life. It is obvious that, to the extent that the goals of an intervention program are specific and circumscribed, the problem of determining and specifying criteria designed to reflect effectiveness of the program becomes more capable of solution. Thus a program aimed solely at preventing disadvantaged children from dropping out of school is, in principle, easier to assess than a program designed to improve character structure and help make the children into better citizens. Or in the family realm, a program designed to motivate a group of public housing families to take better care of their apartments ought to be easier to evaluate than

a program designed to improve family solidarity or marital happiness.

With respect to the tough-minded, tender-minded dimension, it is perhaps of interest to note that a polarization seems to have been occurring in recent years in the field of psychotherapy. Starting from the position of analytically-oriented therapies, which perhaps tip the balance in favor of intra-psychic forces over reality pressures, there is, on the one hand, a movement toward more tender-minded therapies represented by existential therapy (May and Van Kaam, 1963)[1] or neo-client-centered therapy described by Rogers (1963)[2] in terms of self-actualization and sharing of phenomenological experiences between client and therapist.

On the other hand, there is a contrary push toward tough-minded therapies perhaps represented best by the resurgence of Watsonian Behaviorism and Pavlovianism in the form of so-called behavior therapy advocated by Wolpe, Eysenck, and others. Behavioral therapy, in contrast to treatment methods which place emphasis on personality structure and dynamics, stresses concepts such as desensitization, operant conditioning, reciprocal inhibition, relaxation, and extinction (Rachman, 1963)[3].

Despite an apparent push in the direction of tender-minded therapies, it is our impression that the stronger push in America is toward the tough-minded therapies that aim at behavioral modification than toward therapies that stress insight, self-understanding, and resolution of intra-psychic conflict. The influences behind the push toward tough-minded therapies appear to come from a number of sources. They include, as mentioned above, the experimental psychologists trained in conditioning and learning theory who, no longer satisfied with translating Freudian language into learning terminology and conditioning verbal behavior in the laboratory, have been trying out their laboratory-born techniques on real patients. Other influences may be traced to the claimed success of psychopharmacological methods (i.e., the tranquilizers and energizers), sociological theories of maladjustment including role conflict theory and opportunity structure, milieu therapy, family therapy and other approaches that place emphasis on the modification of maladaptive behavior by manipulation of environmental stimuli and conditions, including interpersonal relationships.

Since the main topic, however, is the problems of measurement rather than intervention methods per se, let us see how the push toward tough-mindedness also appears to be influencing the kinds of criteria that seem to be increasingly mentioned as the appropriate bases for evaluation of the outcomes of intervention programs.

There may be some perceptual distortion on our part but it seems to us that there is a fairly strong recent tendency on the part of many researchers associated with preparing evaluation schemes for service-oriented projects--whether these researchers be doers or consultants reaching out from the enclaves of the Department of Health, Education, and Welfare--to place increasing stress on the use of simple, direct, and, hopefully, easily obtainable criteria to depict the impact of the programs.

Let us try to be more specific. In the realm of assessment of child functioning or "adjustment," for example, the argument is heard that criteria to be used in the assessment of treatment programs ought to consist of measures based on school grades, attendance records, discipline records, staying in school vs. dropping out, or, looking in another direction, arrests and court appearances for juvenile offenses. These kinds of things are considered to be no-nonsense, hard-core criteria. Note the claimed advantages of such sources of data if they can be rationalized as relevant to the goals of a particular project. Are they not objective? And they are so in the sense that they are generally not subject to conscious or unconscious distortion by either treatment agent or researcher. Moreover, they are generally less costly to obtain than original data collected, for example, by interviewing, testing, or observation. They are simple and easy to

understand. A board member can readily comprehend their intrinsic validity. Above all, they are the stern stuff of "real life"--the imprint that the child has made on the archives of his environment, how he has been seen by the "significant others" in the crucible of his social milieu.

The only two sources of data mentioned above are the school and the court. If adults are the recipients of service it becomes more difficult to take advantage of readily available community documents. The school as a source of evaluative data may still furnish a set of "before" measures, or one may turn to sources like church membership, hospital records, or credit ratings. In the case of families, duration of marriage, or information about desertion and divorce may be used as indices of marital success or failure. Considerably less available and more costly to obtain than data from school or court are other "real life" measures based on employment records, job promotions, salary increases, absenteeism, and the like.

Measures of the individual's ability to cope with the realities of life have been referred to as "environmental mastery" variables by Jahoda (1958)[4], "life record" data by Cattell (1950)[5], or "environmental and achievement measures" by Berg and Adams (1962)[6]. The apparent relevance of environmental mastery variables is most obvious in the treatment of individuals or families who fall into particular problem categories. Thus "success" should mean that the alcoholic gives up his drinking, the drug addict gives up his habit, the delinquent goes straight, the stutterer ceases to stutter, the potential drop-out stays in school, the chronically unemployed person gets and keeps a job, the unwed mother ceases to have more children out of wedlock or gets married, the welfare family goes off public assistance, and so on.

As noted above, such "no nonsense" measures seem to be favored by an increasing number of researchers (and applauded by administrators), since they are considered to be "objective," are easily understood, have "face validity," and, above all, reflect without bias the individual's ability to cope with his real life situation.

What, then, is wrong with such measures? Nothing per se, although they have often been criticized as being of dubious reliability, and this problem must often be attended to. More generally, however, we must return once more to the goals of the particular intervention program. If, for example, the specific goal of a program is to stop alcoholics from drinking, then it seems fair to take a red nose count of a treated group vs. an untreated control group at some point or points after the termination of the drying out regimen. One would, of course, insist that the criterion datum on whether or not the individual really gave up drinking be as accurate as possible. On the other hand, if the patient gives up drinking but takes to beating his wife and children, some of us might be in a dilemma about reporting the treatment program as really successful. Such a complication may, of course, be avoided by the technically correct if questionable stratagem of rigidly avoiding looking at or recording any other data except the focal criterion.

Obviously, what is being brought up here is the old and familiar problem of symptomatic treatment and the possibility of symptom substitution. A recent review of the literature by Grossberg (1964)[7] concludes that behavior therapy procedures have been highly effective with phobic reactions, anxiety reaction, enuresis, stuttering, and tics, but disappointing with alcoholism and sexual disorders. Quoting Grossberg on the possibility of symptom substitution: "Present evidence indicates that behavior therapy is seldom followed by additional behavioral problems or relapse, although symptom substitution may be a danger in inadequate or improper psychodynamic psychotherapy or the medical treatment of psychosomatic disorders." This statement carries questionable implication that there is little chance of inadequate or improper behavior therapy.

Actually, it has been our observation that most practitioners, whether caseworker, psychiatrist, psychologist or what

not, are not really eager to put all their criterion eggs in the basket of eliminating particular symptoms or helping move the recipient of service in a narrow channel of better environmental mastery. This, of course, may simply mean that most practitioners are still laboring under the delusions of psychodynamic mythology, but the possibility must be considered that experience in the clinical situation has taught them that both individuals and families are complexly organized and articulated systems in which a change in one component is likely to have repercussions in other components and, in any case, change in one component must be considered in the light of the functioning of the total organism or family group.

To be facetiously specific, the "cured" alcoholic ought not only to give up his drinking and not take to beating his wife and children but at the same time he ought to feel better and he ought to be more productive. As a matter of fact, his "cure" might even permit him to drink a little. It muddies the evaluative water considerably but it seems reasonable to contend that only if a number of other things generally accompany or follow the giving up of drinking should we be willing to accept the giving up of drinking as a sufficient criterion of the effectiveness of the treatment.

The advocates of "environmental mastery" criteria have been characterized as the tough-minded evaluators. Persisting with this metaphor, one would describe as "tender-minded" those evaluators whose considerations include subjective states and intra-psychic factors. At the same time, it is our contention that the more tender-minded evaluators are also likely to lay greater stress on conceptualization and the development of hypothetical and intervening constructs considered to "lie behind" or be capable of organizing a variety of behavioral correlates. The "environmental mastery" variables are not seen as irrelevant from this point of view but are seen as necessary but insufficient to the task of evaluation, in need of organizing principles, and as failing to deal with relevant spheres of the internal life space.

It is difficult to be specific in this connection but let us return to several examples previously mentioned. Even in the unlikely possibility that school records of attendance, discipline, achievement and so on were perfectly accurate, the tender-minded evaluator would be uncomfortable about using such data, one piece at a time or in combination, as the sole source of measures of child adjustment. He would be likely to be interested as well in the child's attitudes and values, his self-concept and perception of the world, his motivations, his ego strength. Of course, adequate definition of concepts and measurement of variables in these realms are not easily accomplished. Moreover, there is a strong probability that at the present stage of instrument development the methods necessary to get even reasonably adequate measures of such variables would include the utilization of clinical judgments, often considered the ultimate of tender-mindedness on the part of evaluators. The use of psychological tests of the paper-and-pencil variety to yield measures of traits and states seems to fall somewhere between the tender-minded pole of clinical judgment and the tough-minded pole of "objective" environmental mastery variables. Performance tests simulating real life tasks would naturally fall toward the tough-minded end of the continuum. Interestingly, however, it is our observation that, paradoxically, some otherwise tough-minded evaluators are willing to accept measures based on brief self-report inventories, for example, five-to-seven item anomie scales or marital satisfaction scales. The paradox is resolved, however, when consideration is given to the minimal costs associated with the use of such instruments. The utilization of such tender-minded but quickly administered instruments can be rationalized in terms of their compatibility with the more ready handling of large size samples of cases, another desideratum from the standpoint of the tough-minded investigator.

Environmental mastery indicators of family functioning, as noted previously, are more difficult to specify than such

indicators for the individual. In some instances they are based on essentially individual measures such as stability of employment of the breadwinner. Other indicators would be adequacy of family income, duration of marriage, or encounters with legal and social agencies.

Concern with the structure and content of intra-family interaction patterns would become of concern to the tough-minded evaluator only if their consequences spilled over into overt conflict with community norms and standards. But, as in the case of service to individuals, where the tender-minded evaluator is likely to be interested in intra-psychic matters, so the tender-minded evaluator in the family treatment realm is likely to be concerned with intra-family roles, statuses, and interactions.

According to Murray Straus (1964)[8] in his excellent chapter on "Measuring Families" in the recently published Handbook of Marriage and the Family edited by Harold Christensen, the two most central dimensions for describing family interaction are power and support. By power is meant the relative decision-making positions of family members and by support is meant the affectional relationships among family members. As pointed out by Straus, these dimensions are basically non-evaluative unless one has preconceived notions about what are "good" or "bad" patterns of power, division of labor in the family, and support relationships. On the other hand, it may be pertinent to note that Weissman (1963)[9], in a study done at the Community Service Society, found that families with mother dominant and father accepting were judged to be better functioning than families with father dominant and mother accepting.

Just how intra-family dimensions such as these can best lend themselves to the problem of evaluating the effectiveness of intervention programs dealing with families is not too clear at this point. But we are convinced that family variables of this kind must be reckoned with if we are to improve methods of evaluation.

In conclusion, the tough-minded, tender-minded dimension that we posited is really of little significance. Our position that intra-psychic and intra-family concepts and variables are of relevance to the task of evaluation stems basically from a conception of the evaluative task as not exclusively concerned with the specification and measurement of outcome variables and the comparison of treatment and control groups but also with what goes into the treatment process including client, therapist, and situational variables (Watson, 1902)[10], and the treatment process itself. For researchers to limit their concerns and responsibilities to the gross behavioral outcomes of intervention programs is to delegate to themselves the role of technical assistants, dabbling in statistics and wallowing in reams of computer paper.

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New Role for Former Youth Offenders

Specially trained former youth gang leaders will soon be assigned as streetworkers in some of San Francisco's high-delinquency areas under a unique federally supported delinquency prevention and control program.

Their training is being financed by a $107,094 grant awarded to San Francisco State College by the Office of Juvenile Delinquency and Youth Development of the Welfare Administration, U.S. Department of Health, Education, and Welfare.

The grant covers the first half of a projected two-year program. Overall focus will be on training delinquent and predelinquent youth for involvement in a series of anti-delinquency efforts to be conducted in slum areas by community agency officials.

Trainees for the streetworker program will be selected from high school dropouts with substantial arrest records. Upon completion of the program they will help organize neighborhood youth councils through which gang members can participate in community activities. The councils will also be designed to give slum area youth a voice in coping with a number of problem areas involving the community agencies and services affecting them. Among those agencies are schools, public playgrounds, employment, police, the Welfare Department, and the Department of Juvenile Probation.

Project officials also envision the formation of youth housing committees to deal with some of the issues concerned with life in public housing and redevelopment areas.

Project officials cite two major objectives for the new program: first, to determine whether ex-gang leaders can be successfully recruited and trained to function as streetworkers; second, to measure the influence trained subprofessionals can exert on groups of their peers by helping to channel their energies from delinquent behavior to constructive activities.

An ultimate goal of the program is to create job opportunities for trainees in both civil service and private employment. Project officials will also be developing, testing, and evaluating training curriculum material as the project progresses.

The grant was made by the Office of Juvenile Delinquency and Youth Development as part of its continuing nationwide program of supporting innovative projects that can offer new knowledge for dealing with youth problems.

COMPLETED PROJECTS

Cooperative Research and Demonstration Grants Program

The Cooperative Research and Demonstration Grants Program supports research on problems of interest to the Welfare Administration and the Social Security Administration.

Requests for additional information or for copies of final reports on the projects listed below should be addressed to the project directors.

Fatherless Families and Housing

The first in a series of reports analyzes results of a survey of a cross section of families in public housing projects and surrounding neighborhoods. Prepared by Louis Kriesberg and Seymour S. Bellin of the Syracuse University Youth Development Center, the report focuses on families in which the father is absent. Included are descriptions of child-rearing patterns, formal and informal social relationships, and a discussion of the role of public welfare.

Forty Forgotten Families

The final report of research directed by Alice McCabe of the Community Service Society of New York summarizes the results of a study of families in East Harlem receiving assistance under the Aid to Families with Dependent Children program. Covering a two-year period, from 1962 to 1964, the research includes AFDC families in which the following circumstances prevailed: the father was not present in the home; the mother was under 40 years of age; the oldest of two or more children was under 10; the oldest child showed behavior problems. Information was obtained from interviews with the mothers, the children and their teachers; from psychological tests, and from records of public assistance agencies and the schools.

The Poor of Harlem

They are the subject of a final report on a grant made to the Interdepartmental Neighborhood Service Center of New York City. The research describes the social and economic characteristics of a small group of low-income families in Harlem and the effects of these characteristics on kinship and family integration. Lillian Lampkin was the project director and Joan Gordon prepared the final report.

Family Life and Economic Dependence

This report presents a detailed analysis of data on a sample of families in Philadelphia receiving AFDC assistance. The final report by Jane Kronick of the Department of Social Work and Social Research of Bryn Mawr College, Pennsylvania, also contains appendix chapters on some of the conceptual and methodological problems involved in studies of dependency.

The following reports on three research projects funded by the Social Security Administration deal with a study of retirement, the effects of private pension plans on individual savings, and educational attainment in urban areas.

Longitudinal Study of Retirement

This study analyzes data from a longitudinal study in social gerontology supported by a grant to Cornell University, Ithaca, New York. Project Director Gordon Streib compares the responses of retired adults and their children on questions concerning assistance patterns. Writing in the November 1965 issue of Journal of Marriage and the Family he concludes that, "There is a marked tendency for retirees to place greater emphasis on the ties of affection between them and their adult children than the children do...and that retirement may not necessarily have a deleterious effect on family relations."

Private Pensions and Individual Savings

George Katona of the Institute for Social Research, University of Michigan, analyzes the results of national surveys and concludes that coverage under private pension plans does not inhibit individual saving.

Educational Barriers to Economic Security

Robert Dentler and Mary Ellen Warshauer examine the demographic and socioeconomic factors associated with high school dropout rates and functional illiteracy in 131 of the Nation's largest cities. The report, "Big City Dropouts," published by the Center for Urban Education of New York City, presents the results of multiple regression analyses and includes detailed data for each of the cities included in the study.

Publications of Interest*

WELFARE ADMINISTRATION

STATISTICS ON PUBLIC INSTITUTIONS FOR DELINQUENT CHILDREN. 1964. Townsend, Alair A., Washington: U.S. Children's Bureau, 1965, 39 pp. (Statistical series no. 81).

CHILD WELFARE STATISTICS 1964. Washington: U.S. Children's Bureau, 1965. 45 pp. (Statistical series no. 82).

GRANTS FOR COMPREHENSIVE HEALTH SERVICES FOR CHILDREN AND YOUTH: POLICIES AND PROCEDURES. Washington: U.S. Children's Bureau, 1965, 26 pp. New program under Section 532 of Title V, Part 4, of the Social Security Act.

RURAL YOUTH IN CRISIS: FACTS, MYTHS, AND SOCIAL CHANGE. Burchinal, Lee G., ed., Washington: U.S. Government Printing Office, 1965, 401 pp. $1.25. Background papers for the National Conference on Problems of Rural Youth in a Changing Environment were published by the U.S. Office of Juvenile Delinquency and Youth Development for the National Committee for Children and Youth.

THE POOR OF HARLEM: SOCIAL FUNCTIONING IN THE UNDERCLASS. Gordon, Joan, and others. New York: Office of the Mayor, Interdepartmental Neighborhood Service Center, 1965, 167 pp. (Welfare Administration Project 105, Cooperative Research and Demonstration Grants Program).

POVERTY

SECOND REPORT, POVERTY: THE SICK, DISABLED AND AGED. Chamber of Commerce of the United States. Task Force on Economic Growth and Opportunity. Washington, 1965, 263 pp. $2.00.

CATALOG OF FEDERAL PROGRAMS FOR INDIVIDUAL AND COMMUNITY IMPROVEMENT. A description of governmental programs to help individuals and communities meet their own goals for economic and social development. Washington: U.S. Office of Economic Opportunity, 1965, 414 pp.

WORKING WITH LOW-INCOME FAMILIES. Proceedings of American Home Economics Association Workshop 1965. $1.50.

SKID ROW AS A WAY OF LIFE. Wallace, Samuel E., Totowa, New Jersey: Bedminster Press, 1965, 219 pp. $5.50.

PUBLIC WELFARE

MANDATE FOR RESEARCH. American Public Welfare Association, Chicago, 1965. 46 pp. $1.00.

CHARACTERISTICS OF AFDC FAMILIES. Social Service Review, Washington, v. 39, December 1965, pp. 399-409. Data obtained from the 1964 Statistical Supplement to Welfare in Review.

GENERAL

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WHO HAS THE ANSWER? An inquiry into the behavior of today's teen-agers. Gordon, Dorothy, New York: Dutton, 1965. 186 pp. $3.95.

REPORT ON THE COMMITTEE ON YOUTH ACTIVITIES. White House Conference on International Cooperation. National Citizens Commission. Washington, 1965. 21 pp.

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JUVENILE GANGS. Geis, Gilbert. Washington: President's Committee on Juvenile Delinquency and Youth Crime, 1965, 60 pp. Based on papers delivered before the annual convention of the American Sociological Association and the Society for the Study of Social Problems in Los Angeles, August 25-26, 1963.

U.S. Government publications for which prices are listed may be ordered from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 (25 percent discount on lots of 100 or more). Inquiries or orders for other publications should be directed to the publisher or issuing agency.

Program and Operating Statistics

PUBLIC ASSISTANCE IN NOVEMBER 1965

In November, all programs except aid to the blind showed increases in the number of persons assisted. Except for old-age assistance and aid to the blind, the majority of States also reported an increase for each program. The largest increase, 23,100 recipients, occurred in the aid to families with dependent children program with 38 States or other jurisdictions reporting increases; 17,400 of the total increase occurred in the West Coast States of California, Oregon, and Washington.

For old-age assistance, the increases of 4,000 recipients in Illinois and 1,600 in Kansas more than accounted for the national increase of 3,000. These two States had suspended large numbers of payments to cases for the month of October because of receipt of retroactive payments under old-age, survivors, and disability insurance.

Increases occurred in November of 9,900 recipients under the general assistance program, 6,600 under medical assistance for the aged, and 4,000 under aid to the permanently and totally disabled.

Total assistance payments and the average payment per recipient increased under each program. In the adult programs these increases were partly the result of the restoration in November of reductions in payments that had been made in October by six States, (California, Colorado, Illinois, Kansas, Nebraska, Nevada), because of old-age, survivors, and disability insurance retroactive lump sum payments.

Maximum monthly payments were increased from $75 to $80 for aid to the blind in Missouri; from $100 to $104 for old-age assistance, aid to the blind, and aid to the permanently and totally disabled in New Hampshire, effective for all new cases and on review or other adjustment for active cases; and about $2 per person receiving aid to families with dependent children in Maine.

Effective in November, Georgia exempted income of $1 per eligible person up to $5 per case for aid to families with dependent children, and up to $4 for old-age assistance, aid to the blind, and aid to the permanently and totally disabled, old-age, survivors, and disability insurance beneficiary cases, and for all new cases, and reviewed cases. Wyoming disregarded up to $5 per case under all programs. Massachusetts increased the allowance for leisure time activities from $6 to $11.50 for old-age assistance recipients.

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[1] *Data for specified types of assistance under State programs for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged are classified with data for separate State programs for old-age assistance, aid to the blind, aid to the permanently and totally disabled, or medical assistance for the aged.*

Table 1. Number of recipients of public assistance in the United States, by month, November 1964-November 1965 1/

[Except for general assistance, includes cases receiving only vendor payments for medical care]

Year and month	Old-age assistance 2/	Medical assistance for the aged 2/	Aid to the blind 2/	Aid to the permanently and totally disabled 2/	Aid to families with dependent children			General assistance 4/	
					Families	Total recipients 3/	Children	Cases	Recipients
	Number of recipients								
1964									
November....	2,161,452	215,230	96,417	521,787	1,010,020	4,195,145	3,152,501	322,000	702,000
December....	2,159,015	224,594	96,438	527,499	1,029,948	4,292,323	3,220,591	346,000	779,000
1965									
January.....	2,154,586	227,606	96,155	534,602	1,046,971	4,371,936	3,274,859	352,000	806,000
February....	2,150,290	228,078	95,834	534,276	1,056,145	4,424,029	3,311,726	352,000	801,000
March.....	2,151,542	244,534	96,194	540,394	1,073,033	4,491,840	3,360,553	359,000	809,000
April.....	2,152,244	254,632	95,525	545,285	1,076,061	4,505,880	3,374,923	345,000	759,000
May.....	2,150,592	257,506	95,504	549,893	1,069,668	4,469,527	3,352,227	327,000	693,000
June.....	2,149,220	267,030	95,350	555,594	1,062,802	4,429,038	3,325,987	317,000	663,000
July.....	2,144,951	264,516	95,170	559,287	1,052,529	4,377,147	3,291,558	306,000	642,000
August.....	2,144,534	265,415	95,135	563,113	1,053,899	4,388,290	3,296,637	313,000	662,000
September...	2,140,172	273,848	94,964	565,588	1,053,409	4,378,513	3,295,589	305,000	649,000
October.....	2,126,058	271,359	94,647	567,148	1,052,100	4,369,875	3,293,039	298,000	631,000
November....	2,129,100	277,965	94,646	571,144	1,056,510	4,392,934	3,311,891	300,000	641,000
	Percentage change from previous month								
1964									
November....	(5/)	-1.6	-0.2	+0.5	+0.4	+0.5	+0.5	+1.1	+1.7
December....	-.1	+4.4	(5/)	+1.1	+2.0	+2.3	+2.2	+7.4	+10.9
1965									
January.....	-.2	+1.3	-.3	+1.3	+1.7	+1.9	+1.7	+1.7	+3.5
February....	-.2	+.2	-.3	-.1	+.9	+1.2	+1.1	+.2	-.7
March.....	+.1	+7.2	+.4	+1.1	+1.6	+1.5	+1.5	+1.9	+1.0
April.....	(5/)	+4.1	-.7	+.9	+.3	+.3	+.4	-3.8	-6.1
May.....	-.1	+1.1	(6/)	+.8	-.6	-.8	-.7	-5.4	-8.8
June.....	-.1	+3.7	-.2	+1.0	-.6	-.9	-.8	-2.9	-4.2
July.....	-.2	-.9	-.2	+.7	-1.0	-1.2	-1.0	-3.5	-3.2
August.....	(6/)	+.3	(6/)	+.7	+.1	+.3	+.2	+2.3	+3.0
September...	-.2	+3.2	-.2	+.4	(6/)	-.2	(6/)	-2.8	-2.0
October.....	-.7	-.9	-.3	+.3	-.1	-.2	-.1	-2 4	-2.8
November....	+.1	+2.4	(6/)	+.7	+.4	+.5	+.6	+.6	+1.6

1/ All data subject to revision. 2/ Represents data for recipients of the specified type of assistance under separate State programs and under State programs for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 3/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance. 4/ Partly estimated. Excludes Idaho, Indiana, and Nebraska; data not available. 5/ Increase of less than 0.05 percent. 6/ Decrease of less than 0.05 percent.

Table 2. Amount of public assistance payments in the United States, by month, November 1964-November 1965 1/

[Except for general assistance, includes vendor payments for medical care]

Year and month	Total 2/	Old-age assistance 3/	Medical assistance for the aged 3/	Aid to the blind 3/	Aid to the permanently and totally disabled 3/	Aid to families with dependent children	General assistance 4/
	Amount of assistance						
1964							
November	$428,300,000	$168,958,898	$39,967,657	$8,194,102	$41,294,048	$139,298,640	$21,320,000
December	444,770,000	170,316,837	44,141,314	8,271,899	42,514,587	145,182,490	23,743,000
1965							
January	442,181,000	169,149,172	43,848,997	8,275,409	42,486,266	145,748,741	23,191,000
February	446,512,000	170,189,513	42,535,323	8,267,896	43,302,081	148,891,335	23,444,000
March	460,828,000	172,509,810	45,585,652	8,372,511	45,391,949	154,259,544	24,306,000
April	466,251,000	173,958,755	49,842,346	8,315,346	45,629,421	154,713,550	23,252,000
May	457,982,000	171,419,500	49,325,801	8,262,655	45,913,531	152,032,610	21,389,000
June	459,856,000	172,862,075	50,867,075	8,392,761	47,063,386	149,814,741	20,784,000
July	454,690,000	171,604,790	49,313,639	8,283,762	46,671,695	148,816,277	20,185,000
August	458,945,000	171,839,667	50,197,626	8,282,225	48,162,856	150,496,032	20,236,000
September	462,977,000	170,395,643	51,794,442	8,440,045	47,886,157	154,673,194	20,755,000
October	457,429,000	168,348,580	50,000,447	8,443,089	49,013,402	152,707,158	19,979,000
November	466,054,000	171,367,083	52,144,968	8,476,562	49,510,647	154,210,791	20,379,000
	Percentage change from previous month						
1964							
November	-1.3	-0.9	-8.6	-0.5	(5/)	-0.1	-1.7
December	+3.8	+.8	+10.4	+.9	+3.0	+4.2	+11.4
1965							
January	-.6	-.7	-.7	(5/)	-.1	+.4	-2.3
February	+1.0	+.6	-3.0	-.1	+1.9	+2.2	+1.1
March	+3.2	+1.4	+7.2	+1.3	+4.8	+3.6	+3.7
April	+1.2	+.8	+9.3	-.7	+.5	+.3	-4.3
May	-1.8	-1.5	-1.0	-.6	+.6	-1.7	-8.0
June	+.4	+.8	+3.1	+1.6	+2.5	-1.5	-2.8
July	-1.1	-.7	-3.1	-1.3	-.8	-.7	-2.9
August	+1.0	+.1	+1.8	(6/)	+3.2	+1.1	+.3
September	+.9	-.8	+3.2	+1.9	-.6	+2.8	+2.6
October	-1.2	-1.2	-3.5	(5/)	+2.4	-1.3	-3.7
November	+1.9	+1.8	+4.3	+.1	+1.0	+1.0	+2.0

1/ All data subject to revision. 2/ Total exceeds sum of columns because of inclusion of vendor payments for medical care from general assistance funds and from special medical funds; data for such expenditures partly estimated for some States. 3/ Represents data for payments to recipients of the specified type of assistance under separate State programs and under State programs for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 4/ Partly estimated. Excludes Idaho, Indiana, and Nebraska; data not available. 5/ Increase of less than 0.05 percent. 6/ Decrease of less than 0.05 percent.

Table 3. Old-age assistance: Recipients and payments to recipients, by State, November 1965 1/

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	October 1965 in--		November 1964 in--	
				Number	Amount	Number	Amount
Total 2/....	2,129,100	$171,367,083	$80.49	+0.1	+1.8	-1.5	+1.4
Alabama.....	111,662	7,503,632	67.20	-1.1	-3.2	+.4	-.1
Alaska 3/.....	1,366	4/ 129,445	94.76	-.1	+6.0	+.1	-5.0
Arizona.....	13,367	834,588	62.44	+.1	-2.0	+.6	-.3
Arkansas.....	60,116	3,900,843	64.89	(5/)	+.2	+2.1	+4.7
California.....	276,067	31,313,916	113.43	+.9	+11.3	+1.0	+5.9
Colorado 2/.....	42,860	3,979,917	92.86	-.2	-3.0	-4.0	-4.3
Connecticut.....	6,148	515,871	83.91	-1.0	+4.2	-14.7	-7.1
Delaware.....	1,459	102,015	69.92	-.2	+2.5	+6.3	+6.5
Dist. of Col.....	2,314	212,676	91.91	-1.1	-5.6	-3.7	+6.1
Florida 3/.....	74,201	4,617,509	62.23	+.1	+.4	+1.4	-6.4
Georgia.....	92,921	5,422,055	58.35	(5/)	+1.0	+.7	+4.2
Guam 6/.....	174	8,857	50.90	---	---	---	---
Hawaii 3/.....	1,322	119,972	90.75	+1.1	-4.9	+12.9	+37.9
Idaho.....	4,006	305,733	76.32	-.8	+10.4	-10.5	-6.2
Illinois 3/.....	51,382	5,143,887	100.11	+8.5	+3.1	-9.6	-3.5
Indiana.....	21,950	2,001,245	91.17	-.3	+1.5	-4.0	+7.3
Iowa.....	26,370	2,535,272	96.14	-.1	-1.2	-5.1	-2.1
Kansas 3/.....	20,598	1,920,631	93.24	+8.2	+13.7	-5.3	-.8
Kentucky 3/.....	59,546	3,732,813	62.69	-.3	-.1	+3.5	+9.0
Louisiana.....	131,813	11,128,163	84.42	+.3	-.7	+.7	(7/)
Maine 3/.....	10,798	902,509	83.58	+.6	+1.0	-2.7	-1.7
Maryland 3/.....	10,202	958,033	93.91	(7/)	+.7	+3.7	+33.7
Massachusetts.....	50,834	4,720,608	92.86	-.4	+1.8	-5.3	-1.5
Michigan.....	48,323	4,821,500	99.78	-.5	+1.1	-2.1	+5.6
Minnesota.....	30,605	2,854,147	93.26	-.6	(7/)	-6.8	+.1
Mississippi.....	72,291	2,785,105	38.53	-1.5	-3.1	-1.7	-2.9
Missouri.....	100,245	7,035,197	70.18	-.2	+1.7	-2.5	+.4
Montana.....	4,265	361,083	84.66	+.2	-.9	-19.8	-5.4
Nebraska 3/.....	11,105	906,479	81.63	+.2	+2.1	-11.3	-19.9
Nevada.....	2,103	148,836	70.77	-10.8	-21.1	-19.7	-36.6
New Hampshire.....	4,363	502,773	115.24	+1.4	+4.1	-1.9	+9.8
New Jersey.....	13,992	1,244,013	88.91	+.2	-1.0	+.9	+10.4
New Mexico 3/.....	10,100	806,586	79.86	-.7	-1.5	-5.4	-4.8
New York 3/.....	57,188	5,520,142	96.53	-.4	-1.1	+1.6	+3.4
North Carolina....	42,412	2,680,248	63.20	-.2	+.1	-1.3	+4.7
North Dakota 3/...	4,904	477,187	97.31	-1.7	+.8	-6.7	+2.5
Ohio.....	80,833	7,341,757	90.83	-.3	-.6	-2.8	+2.6
Oklahoma 3/.....	82,048	7,914,787	96.47	-.1	-1.5	-1.3	-1.3
Oregon.....	9,810	733,972	74.81	-.6	-1.8	-7.2	-1.1
Pennsylvania.....	45,156	3,685,848	81.62	-.5	-3.3	-3.4	+5.9
Puerto Rico 3/....	28,872	247,528	8.57	-.8	-13.2	-7.4	-11.7
Rhode Island 3/...	5,535	538,584	97.31	-1.9	-.5	-7.6	-5.5
South Carolina....	24,855	1,364,674	54.91	-.4	-.6	-3.7	+2.0
South Dakota.....	6,460	595,925	92.25	-.7	+.6	-10.0	-2.0
Tennessee.....	44,795	2,682,252	59.88	-.2	-6.4	-.6	+11.6
Texas.....	229,040	15,662,786	68.38	(7/)	+.5	-.5	-2.8
Utah.....	4,563	318,434	69.79	+.5	+1.6	-6.6	-.4
Vermont 3/.....	5,281	479,081	90.72	-.6	+1.0	-3.4	+3.7
Virgin Islands....	443	17,966	40.56	+.2	+.4	-.9	-.3
Virginia.....	13,041	898,424	68.89	-.1	+.4	-2.4	+5.5
Washington.....	31,224	2,524,012	80.84	-.7	+.9	-5.1	+7.4
West Virginia.....	13,901	761,029	54.75	-.5	-.3	-2.8	+7.1
Wisconsin.....	27,496	3,235,482	117.67	+.8	+3.4	-4.9	+5.5
Wyoming.....	2,375	211,056	88.87	-.3	+5.0	-4.1	+.3

1/ All data subject to revision. 2/ Incluses 3,760 recipients aged 60-64 in Colorado and payments of $328,314 to these recipients. Such payments were made without Federal participation. 3/ Represents aid to the aged under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged. 4/ In addition, supplemental payments from general assistance funds were made to recipients. 5/ Decrease of less than 0.05 percent. 6/ Data for October; November data not received. 7/ Increase of less than 0.05 percent.

Table 4. Medical assistance for the aged: Recipients and payments for recipients, by State, November 1965 1/

State	Number of recipients 2/	Payments to recipients		Percentage change from--			
		Total amount	Average	October 1965 in--		November 1964 in--	
				Number	Amount	Number	Amount
Total.....	277,965	$52,144,968	$187.60	+2.4	+4.3	+29.1	+30.5
Alabama.....	242	74,012	305.83	-5.8	-6.5	+7.6	+3.4
Arkansas.....	3,185	205,140	64.41	-1.1	+11.9	+12.9	+43.1
California.....	36,602	12,171,505	332.54	+10.7	+30.4	+28.0	+42.6
Colorado.....	5,137	3/ 999,706	194.61	-1.8	+5.0	+19.4	+21.8
Connecticut.....	7,829	3/ 1,404,664	179.42	+9.0	-4.1	+25.9	+19.3
Delaware.....	174	21,740	124.94	+.6	+8.9	(4/)	(4/)
Dist. of Col.....	887	125,741	141.76	+7.4	-50.1	+143.7	+29.8
Florida 5/.....	878	323,987	369.01	+22.3	+27.6	+53.5	+57.2
Guam 6/.....	35	2,527	(7/)	---	---	---	---
Hawaii 5/.....	711	213,588	300.41	-6.2	-10.8	+30.5	+49.9
Idaho.....	2,624	386,046	147.12	+6.6	+21.0	+24.8	+40.9
Illinois 5/.....	1,216	417,801	343.59	-6.5	-15.4	+19.1	+7.0
Indiana.....	902	166,755	184.87	+19.3	+21.1	(4/)	(4/)
Iowa.....	5,243	529,453	100.98	-20.9	-24.3	+5.9	-1.9
Kansas 5/.....	3,321	3/ 530,313	159.68	+1.3	+7.9	+29.5	+48.7
Kentucky 5/.....	12,373	389,992	31.52	+1.7	-7.7	+65.8	+67.8
Louisiana.....	577	101,227	175.44	-9.4	-7.5	+27.9	+28.4
Maine 5/.....	365	89,148	244.24	-2.9	-10.7	+22.9	+17.5
Maryland 5/ 8/....	11,594	514,704	44.39	---	---	---	---
Massachusetts.....	31,531	3/ 5,685,451	180.31	+2.1	+4.1	+10.6	+22.1
Michigan.....	6,605	2,635,481	399.01	+6.5	+7.2	+26.5	+40.8
Minnesota.....	15,149	3/ 2,844,284	187.75	+2.1	+2.8	+28.9	+17.8
Montana.....	1,616	287,533	177.93	+6.9	-7.4	(4/)	(4/)
Nebraska 5/.....	2,528	3/ 469,851	185.86	+4.4	-7.0	(9/)	+583.1
Nevada.....	86	977	11.36	(7/)	(7/)	(4/)	(4/)
New Hampshire.....	2,349	101,855	43.36	+23.2	+20.2	+38.5	+27.4
New Jersey.....	5,849	3/ 1,493,993	255.43	+.7	+1.7	+10.6	+12.9
New Mexico 5/.....	20	6,245	(7/)	(7/)	(7/)	(4/)	(4/)
New York 5/.....	35,962	3/ 10,869,169	302.24	-3.1	-7.3	+8.5	+14.3
North Carolina....	3,014	320,323	106.28	+12.5	-8.4	(4/)	(4/)
North Dakota 5/...	10/ 1,473	3/ 340,545	231.19	+.3	+2.7	+20.0	+28.1
Oklahoma 5/.....	1,003	144,495	144.06	-14.0	-22.2	+11.6	+9.2
Oregon.....	4,269	632,355	148.13	-1.3	-1.2	+9.2	+8.9
Pennsylvania.....	11,574	2,750,038	237.60	-.9	-7.9	+24.5	+24.0
Puerto Rico 5/....	4,060	143,846	35.43	-5.7	-5.7	+13.7	+36.6
Rhode Island 5/...	8,531	537,227	62.97	+33.4	+18.1	(4/)	(4/)
South Carolina....	1,243	224,465	180.58	-1.0	+18.8	+29.7	+68.0
South Dakota.....	1,274	116,769	91.66	+5.5	+4.7	+196.3	+356.8
Tennessee.....	10,485	414,384	39.52	-9.5	-25.5	+59.3	+48.9
Utah.....	2,466	259,481	105.22	+10.4	+10.2	+16.2	+13.0
Vermont 5/.....	175	31,380	179.31	+14.4	+3.1	+15.9	-5.9
Virgin Islands....	436	3,084	7.07	0	+335.0	(7/)	(7/)
Virginia.....	4,287	305,542	71.27	+9.3	+8.3	+120.8	+74.8
Washington.....	10,619	1,564,917	147.37	+.2	+4.3	+9.4	+10.6
West Virginia.....	11,717	307,851	26.27	+.9	+4.9	-3.7	-12.3
Wisconsin.....	5,713	961,705	168.34	+7.2	+16.4	+88.5	+82.4
Wyoming.....	36	23,673	(7/)	(7/)	(7/)	(7/)	(7/)

1/ All data subject to revision. 2/ Persons for whom vendor payments were made during the report month. 3/ Includes money payments not subject to Federal participation as follows: $26,942 in Colorado, $11 in Connecticut, $14,139 in Kansas, $95,145 in Massachusetts, $35,170 in Minnesota, $14,179 in Nebraska, $7,593 in New Jersey, $50,679 in New York, and $2,966 in North Dakota. 4/ No program in operation in November 1964. 5/ Represents medical assistance for the aged under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 6/ Data for October; November data not received. 7/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients. 8/ Estimated. 9/ Not shown; increase of 1,000 percent or more 10/ Includes an unknown number of cases receiving only money payments.

Table 5. Aid to the blind: Recipients and payments to recipients, by State, November 1965 1/

/Includes vendor payments for medical care and cases receiving only such payments/

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	October 1965 in--		November 1964 in--	
				Number	Amount	Number	Amount
Total 2/...	94,646	$8,476,562	$89.56	(3/)	+0.1	-1.8	+3.2
Ala.....	1,880	129,037	68.64	+0.2	-.1	+3.7	+5.0
Alaska 4/.....	110	8,939	81.26	0	-.6	+1.9	+3.4
Ariz.....	810	57,703	71.24	-.1	-1.1	-1.3	-2.1
Ark.....	1,932	141,223	73.10	-.1	+2.3	-.8	+3.0
Calif. 2/.....	12,518	1,680,156	134.22	+.6	-3.4	+.3	+2.4
Colo.....	238	21,734	91.32	-.4	+.7	-5.2	+8.3
Conn.....	306	36,512	119.32	-1.9	+4.2	-1.6	+8.7
Del.....	323	28,219	87.37	-.9	+.8	+10.6	+14.2
Dist. of Col...	190	14,773	77.75	-3.6	-3.5	-4.5	+.6
Fla. 4/.....	2,584	168,594	65.25	-.4	-.8	+.2	-3.7
Ga.....	3,203	192,762	60.18	+.2	+.9	+.1	+1.0
Guam 5/.....	6	180	(6/)	---	---	---	---
Hawaii 4/.....	71	8,927	125.73	(6/)	(6/)	(6/)	(6/)
Idaho.....	125	8,631	69.05	0	-.2	-6.7	-11.7
Ill. 4/.....	2,307	229,532	99.49	+3.4	+2.1	-7.0	-1.5
Ind.....	1,721	149,803	87.04	-.4	+.1	-3.0	-6.7
Iowa.....	1,109	112,469	101.41	-.5	-1.6	-5.2	-5.0
Kans. 4/.....	484	49,018	101.28	+5.9	+9.4	-5.7	-1.9
Ky. 4/.....	2,495	180,925	72.52	-.4	-.7	+1.7	-5.9
La.....	2,697	215,879	80.04	-1.0	-2.4	-3.3	-4.5
Maine.....	278	23,867	85.85	-.7	+.6	-13.4	-11.5
Md. 4/.....	372	33,419	89.84	-2.6	+.7	-2.9	+7.5
Mass.....	2,292	353,671	154.31	+1.1	+13.4	(3/)	+12.4
Mich.....	1,640	152,063	92.72	-.2	+2.5	-2.0	+.5
Minn.....	1,087	130,354	119.92	+2.8	-.2	+3.0	+4.7
Miss.....	2,522	111,693	44.29	-.9	-2.7	-7.1	-7.8
Mo. 2/.....	4,325	346,000	80.00	-.1	-.1	-3.3	-3.3
Mont.....	223	16,534	74.14	-.4	-1.7	-9.4	-21.5
Nebr. 4/.....	563	54,458	96.73	-2.1	-11.3	-11.2	-20.8
Nev.....	147	15,860	107.89	-5.2	-5.8	-9.3	-16.4
N. H.....	259	29,870	115.33	+2.4	+3.3	-5.1	+3.1
N. J.....	913	84,661	92.73	-.5	-1.1	-3.3	+1.9
N. Mex. 4/.....	348	33,653	96.70	+.3	+.1	+1.5	+2.7
N. Y. 4/.....	3,129	370,294	118.34	-1.6	-6.9	+.1	+3.0
N. C.....	4,874	350,948	72.00	-.6	+.3	-2.7	+2.3
N. Dak. 4/.....	83	7,563	91.12	(6/)	(6/)	(6/)	(6/)
Ohio.....	3,169	278,937	88.02	-.5	+5.1	-3.9	+1.9
Okla.4/.....	1,622	202,422	124.80	0	+.4	-1.5	+.1
Oreg.....	485	47,123	97.16	-1.2	-.2	+12.0	+17.8
Pa. 2/.....	17,469	1,507,508	86.30	+.2	+2.7	-1.7	+13.1
P. R. 4/.....	1,328	11,415	8.60	-.7	-3.9	-5.7	-3.4
R. I. 4/.....	109	10,390	95.32	+2.8	+1.0	+6.9	+7.6
S. C.	1,877	125,447	66.83	+.4	+5.2	+2.7	+11.3
S. Dak.....	110	8,119	73.81	-.9	-5.0	-8.3	-6.7
Tenn.....	2,057	120,738	58.70	(3/)	-3.3	-3.9	+8.5
Texas.....	4,528	313,783	69.30	-.7	-.6	-5.0	-5.3
Utah.....	164	11,387	69.43	0	-3.9	-4.7	-3.1
Vt. 4/.....	123	9,060	73.66	-.8	-11.9	+4.2	+8.2
V. I.....	10	409	(6/)	(6/)	(6/)	(6/)	(6/)
Va.....	1,145	80,489	70.30	0	-2.6	+.3	+.3
Wash.....	693	63,175	91.16	+1.0	+1.9	+4.4	+3.1
W. Va.....	766	44,417	57.99	-.4	(3/)	-4.8	+15.6
Wis.....	772	86,486	112.03	+.7	+12.1	-4.0	+5.7
Wyo.....	55	5,333	96.96	(6/)	(6/)	(6/)	(6/)

1/ All data subject to revision. 2/ Data include recipients of payments made without Federal participation and payments to these recipients as follows: California, $7,434 to 45 recipients; Missouri, $64,607 to 787 recipients; and Pennsylvania, $684,504 to 8,517 recipients. 3/ Decrease of less than 0.05 percent. 4/ Represents aid to the blind under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 5/ Data for October; November data not received. 6/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients.

Table 6. Aid to the permanently and totally disabled: Recipients and payments to recipients, by State, November 1965 1/

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	October 1965 in--		November 1964 in--	
				Number	Amount	Number	Amount
Total.....	571,144	$49,510,647	$86.69	+0.7	+1.0	+9.5	+19.9
Ala.....	14,845	699,207	47.10	-.7	-1.1	(2/)	+2.3
Alaska 3/.....	239	30,875	129.18	+1.3	-.7	+24.5	-3.6
Ariz.....	3,975	266,283	66.99	+1.4	+.6	+21.4	+20.8
Ark.....	9,678	607,965	62.82	-.3	(2/)	+2.7	+7.8
Calif.....	80,356	9,620,398	119.72	+3.1	+6.8	+47.8	+56.8
Colo.....	6,270	500,488	79.82	+.5	+4.1	-38.2	+4.4
Conn.....	8,843	734,070	83.01	+.3	-.6	+15.6	+28.7
Del.....	453	33,679	74.35	+2.5	+.4	+4.6	+2.4
Dist. of Col.....	3,400	280,615	82.53	+.7	-2.0	+9.6	+21.3
Fla. 3/.....	18,052	1,199,473	66.45	+.4	+.5	+6.1	-3.1
Ga.....	27,376	1,670,311	61.01	+.4	+1.4	+2.1	+4.5
Guam 4/.....	43	1,586	(5/)	---	---	---	---
Hawaii 3/.....	1,333	203,529	152.68	-.2	+1.9	+34.2	+80.0
Idaho.....	3,149	181,699	57.70	+.7	+.6	+6.7	+8.5
Ill. 3/.....	30,075	3,252,886	108.16	+3.0	+1.0	+5.4	+17.8
Ind.....	1,734	219,909	126.82	+2.2	+3.9	+30.0	+55.0
Iowa.....	1,400	136,390	97.42	+1.7	+1.7	+14.5	+35.8
Kans. 3/.....	5,231	606,949	116.03	+3.5	+6.3	+8.0	+16.2
Ky. 3/.....	11,922	923,865	77.49	-.1	-.1	+15.0	+23.1
La.....	19,728	1,165,983	59.10	-.5	-.2	+2.2	+3.5
Maine 3/.....	2,258	206,107	91.28	-.6	(6/)	-.1	+3.5
Md. 3/.....	8,041	760,997	94.64	-.4	-.7	+5.3	+26.5
Mass.....	13,525	1,976,652	146.15	+.5	-.3	+8.9	+12.8
Mich.....	13,633	1,501,943	110.17	+1.9	+7.6	+48.6	+53.4
Minn.....	4,559	574,368	125.99	+4.4	+2.0	+24.5	+57.0
Miss.....	19,551	851,164	43.54	-.1	-1.0	+6.6	+7.0
Mo.....	15,542	1,139,582	73.32	(6/)	+2.5	+4.1	+7.4
Mont.....	1,642	100,828	61.41	-.5	-1.0	+23.9	-2.9
Nebr. 3/.....	2,846	306,546	107.71	+3.6	+5.9	+10.8	+25.5
N. H.....	641	79,081	123.37	0	+3.5	+7.2	+16.3
N. J.....	8,906	918,301	103.11	-.2	+.2	+3.1	+8.0
N. Mex. 3/.....	3,984	369,255	92.68	+.1	(2/)	+4.2	+5.7
N. Y. 3/.....	35,915	4,857,369	135.25	-.5	-7.9	+3.5	+6.7
N. C.....	22,973	1,673,874	72.86	-.3	-3.2	+4.4	+9.9
N. Dak. 3/.....	1,748	213,633	122.22	0	+5.2	+11.9	+18.3
Ohio.....	19,938	1,687,503	84.64	(6/)	+3.2	+4.4	+17.5
Okla. 3/.....	15,210	1,725,831	113.47	+.7	+.3	+10.6	+11.9
Oreg.....	8,424	605,855	71.92	+.7	+1.3	+4.8	+10.8
Pa.....	21,330	1,839,419	86.24	-.1	-.1	+5.4	+21.5
P. R. 3/.....	20,018	175,325	8.76	-1.7	-2.6	-4.1	-2.5
R. I. 3/.....	2,918	281,807	96.58	-.8	-.6	+4.3	+6.6
S. C.....	9,174	505,046	55.05	+.2	-.4	+3.5	+6.6
S. Dak.....	1,148	87,334	76.07	+1.4	+2.7	+3.7	+13.1
Tenn.....	13,983	796,635	56.97	+.1	-9.3	+7.9	+20.2
Tex.....	10,064	572,052	56.84	+.3	+.3	+3.7	+3.1
Utah.....	4,920	353,641	71.88	+1.4	-3.9	+.1	+8.2
Vt. 3/.....	1,330	113,152	85.08	0	-1.6	+13.8	+13.9
V. I.....	51	2,059	40.37	(5/)	(5/)	(5/)	(5/)
Va.....	6,889	499,062	72.44	+.1	(6/)	(2/)	+6.7
Wash.....	18,812	1,184,109	62.94	+.9	+4.1	+3.7	+4.1
W. Va.....	5,782	309,492	53.53	-.2	(6/)	-2.5	+3.0
Wis.....	6,564	846,175	128.91	+1.0	+.4	+7.9	+22.2
Wyo.....	723	60,290	83.39	+1.8	+5.8	+15.0	+8.0

1/ All data subject to revision. 2/ Increase of less than 0.05 percent. 3/ Represents aid to the permanently and totally disabled under program for aid to the aged, blind, or disabled for such aid and medical assistance for the aged. 4/ October data; November data not received. 5/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients. 6/ Decrease of less than 0.05 percent.

Table 7. Aid to families with dependent children: Recipients and payments to recipients, by State, November 1965 1/

/Includes vendor payments for medical care and cases receiving only such payments/

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
					Average per--		October 1965 in--		November 1964 in--	
		Total 2/	Children	Total amount	Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total.....	1,056,510	4,392,934	3,311,891	$154,210,791	$145.96	$35.10	+0.5	+1.0	+4.7	+10.7
Ala. 3/.....	17,216	70,594	55,985	833,153	48.39	11.80	-.5	-.5	-9.0	-7.7
Alaska 3/.....	1,239	4,582	3,520	162,835	131.42	35.54	-.3	+.3	+2.1	+4.4
Ariz. 3/.....	9,298	40,111	30,504	1,129,191	121.44	28.15	+.1	-.9	+.6	-.6
Ark.....	7,329	30,832	23,289	515,445	70.33	16.72	+1.0	+1.8	+6.2	+5.3
Calif. 3/ 4/..	140,883	577,275	428,232	25,691,812	182.36	44.51	+2.3	+2.0	+17.6	+20.1
Colo.....	11,555	44,909	34,875	1,742,484	150.80	38.80	+.3	+.2	+9.6	+17.9
Conn.4/.....	13,967	55,897	41,363	2,702,751	193.51	48.35	+.2	-1.3	-2.2	+2.2
Del. 4/.....	2,599	11,486	8,823	330,006	126.97	28.73	+.1	-.1	-1.6	+.9
Dist. of Col..	4,752	23,156	18,744	739,886	155.70	31.95	+3.1	-.8	+18.1	+15.0
Fla.....	28,216	109,520	87,552	1,721,360	61.01	15.72	+.2	(5/)	+3.4	+.9
Ga.....	18,952	75,774	58,497	1,723,040	90.92	22.74	+.9	+1.4	+9.5	+12.9
Guam 6/.....	128	676	569	12,620	98.59	18.67	---	---	---	---
Hawaii 4/.....	3,351	14,555	10,821	662,176	197.61	45.49	+1.7	+5.1	+7.9	+36.3
Idaho.....	2,517	9,705	7,093	380,343	151.11	39.19	+.6	+.4	+1.6	+3.0
Ill. 3/ 4/....	53,842	253,482	197,250	11,696,474	217.24	46.14	-.6	+.9	-1.4	+1.2
Ind. 3/.....	11,796	48,879	36,817	1,521,732	129.00	31.13	+.1	+2.2	+2.4	+9.7
Iowa.....	11,456	45,848	33,443	1,896,058	165.51	41.36	+.3	-1.2	+7.2	+14.9
Kans. 3/ 4/...	8,919	37,540	29,139	1,482,784	166.25	39.50	+.1	-1.3	+7.7	+12.0
Ky. 3/.....	21,298	83,550	60,224	2,086,880	97.98	24.98	-.1	-.4	+5.4	+8.9
La. 3/.....	24,110	106,016	80,923	2,442,244	101.30	23.04	-.4	-1.5	+2.8	+2.6
Maine.....	4,932	18,182	13,403	559,135	113.37	30.75	+3.5	+10.1	-4.6	+1.8
Md. 3/ 4/.....	20,965	87,317	67,571	3,339,314	159.28	38.24	+.8	+.9	+14.9	+33.5
Mass. 4/.....	26,858	101,759	76,454	4,888,335	182.01	48.04	+.8	+.5	+10.1	+13.1
Mich. 3/ 4/...	37,933	154,675	115,378	5,648,841	148.92	36.52	-1.0	+1.0	-1.5	-1.5
Minn. 3/.....	14,483	53,205	41,286	2,840,616	196.13	53.39	+.4	+4.3	+7.5	+12.3
Miss.....	20,402	82,690	66,522	756,699	37.09	9.15	(5/)	-.5	+.2	-7.4
Mo. 3/.....	25,851	106,523	81,762	2,592,200	100.27	24.33	-.4	+.4	+.5	+1.2
Mont.....	1,937	7,755	6,037	280,353	144.74	36.15	+.9	+.2	+10.7	+12.3
Nebr.....	4,357	17,781	13,762	548,308	125.85	30.84	+.7	-2.1	+14.0	+16.4
Nev.....	1,289	5,344	4,229	168,301	130.57	31.49	-.9	-.4	+9.3	+9.5
N. H.....	1,145	4,707	3,518	217,261	189.75	46.16	+1.5	+4.6	+7.1	+11.3
N. J.....	28,295	112,835	85,685	5,725,447	202.35	50.74	+1.1	+1.2	+10.4	+13.2
N. Mex. 3/....	7,239	29,923	22,820	1,018,320	140.67	34.03	+1.1	+5.4	-2.4	-3.5
N. Y. 4/.....	131,266	556,402	409,697	27,523,509	209.68	49.47	+.9	+.6	+11.8	+17.5
N. C. 3/.....	26,332	109,316	81,909	2,732,812	103.78	25.00	+.2	-1.0	-.3	+3.3
N. Dak.....	2,031	8,114	6,174	369,432	181.90	45.53	(7/)	-2.2	+8.5	+13.8
Ohio 4/.....	44,743	189,350	141,540	6,286,249	140.50	33.20	-1.2	+1.6	+11.5	+18.2
Okla. 3/ 4/...	18,785	74,894	55,783	2,557,042	136.12	34.14	+.4	+.3	+3.2	+7.2
Oreg. 3/ 4/...	8,411	32,864	24,145	1,373,492	163.30	41.79	+4.2	+5.3	+15.2	+24.0
Pa. 4/.....	62,217	271,490	197,929	9,119,639	146.58	33.59	-1.2	+.3	-8.6	+.5
P. R.....	47,398	191,812	153,188	789,494	16.66	4.12	(7/)	(7/)	-5.6	-5.3
R. I. 4/.....	5,870	23,261	17,248	1,012,333	172.46	43.52	-.4	-.3	-.6	+1.5
S. C.....	6,930	27,557	22,232	442,379	63.84	16.05	(7/)	-.8	-6.7	-5.3
S. Dak.....	3,124	11,680	8,806	374,892	120.00	32.10	+.9	+2.1	+9.1	+11.9
Tenn. 3/.....	19,814	80,038	61,246	1,957,457	98.79	24.46	+1.2	(5/)	+6.4	+29.2
Tex.....	20,545	93,119	70,470	1,834,642	89.30	19.70	+1.2	+3.2	+3.9	+10.7
Utah 3/ 4/....	5,345	21,753	15,845	777,829	145.52	35.76	+4.1	+.1	+8.7	+15.2
Vt.....	1,461	5,538	4,072	163,750	112.08	29.57	-.1	+.1	+2.4	+2.8
V. I.....	318	1,198	1,017	23,754	74.70	19.83	+6.6	+2.9	+3.3	+9.8
Va. 3/.....	10,881	46,421	35,782	1,183,858	108.80	25.50	+.6	+.5	+1.9	+6.0
Wash. 3/ 4/...	16,704	65,901	47,596	2,416,634	144.67	36.67	+4.8	+1.6	+2.1	+5.5
W. Va. 3/ 4/..	23,040	107,151	74,794	2,834,758	123.04	26.46	+.1	+.1	-6.5	-6.8
Wis. 3/.....	11,150	44,066	33,284	2,229,157	199.92	50.59	+.2	+4.2	-.5	+5.9
Wyo.....	1,036	3,926	3,044	151,275	146.02	38.53	+2.3	+2.8	+15.7	+15.4

1/ All data subject to revision. 2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance. 3/ Includes data on foster-family care; see table 10. 4/ Includes data on unemployed-parent segment; see table 8. 5/ Increase of less than 0.05 percent. 6/ Data for October; November data not received. 7/ Decrease of less than 0.05 percent.

Table 8. Aid to families with dependent children, unemployed-parent segment: Recipients and payments to recipients, November 1965 1/

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
					Average per--		October 1965 in--		November 1964 in--	
		Total 2/	Children	Total	Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total.....	55,794	327,118	222,108	$10,913,297	$195.60	$33.36	+0.4	+0.2	-3.0	+0.3
California.....	13,634	80,311	55,151	2,364,367	210.13	35.67	+4.8	+5.2	+43.8	+45.3
Connecticut.....	1,060	6,329	4,281	183,838	173.43	29.05	-2.2	-11.8	-33.9	-43.1
Delaware.....	161	949	655	26,974	167.54	28.42	+1.8	-1.0	-47.2	-43.0
Hawaii.....	258	1,662	1,146	63,189	244.92	38.02	+.8	+2.4	-1.4	+33.5
Illinois.....	4,287	28,006	19,645	1,199,173	279.72	42.82	-7.0	-8.2	-26.8	-24.6
Kansas.....	313	1,981	1,366	72,678	232.20	36.69	+.1	-3.3	-6.9	+1.2
Maryland.....	334	1,989	1,336	66,772	199.92	33.57	+14.2	+15.9	-15.4	-2.3
Massachusetts.....	628	3,504	2,361	150,878	240.25	43.06	+.8	-4.0	-.3	+21.4
Michigan.....	2,085	13,385	9,296	418,951	200.94	31.30	-6.5	-3.2	-33.9	-35.6
New York.....	12,943	74,490	50,651	2,737,231	211.48	36.75	-.9	-.9	-2.8	+1.8
Ohio.....	3,913	22,852	15,409	709,604	180.32	30.88	-6.5	-4.4	+105.1	+123.7
Oklahoma.....	39	233	157	6,709	(3/)	(3/)	+9.9	+11.7	(3/)	(3/)
Oregon.....	811	4,610	3,127	173,472	213.90	37.63	+16.3	+14.5	+33.5	+41.1
Pennsylvania.....	4,138	23,753	15,788	580,779	140.35	24.45	-1.4	+1.4	-37.3	-36.8
Rhode Island.....	282	1,716	1,166	63,063	223.63	36.75	-4.4	-.9	-37.0	-36.4
Utah.....	863	4,702	3,258	107,424	124.48	22.85	-1.8	-1.7	+10.6	-21.5
Washington.....	1,528	8,668	5,718	213,232	139.55	24.60	+32.0	+22.4	-15.0	-18.0
West Virginia.....	8,517	47,978	31,517	1,278,463	150.11	26.65	+.8	+.7	-13.8	-14.4

1/ Data for this segment of the program, shown separately here, are included in data for the total program. All data subject to revision. 2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance. 3/ Average payment not computed on base of fewer than 50 families; percentage change on fewer than 100 recipients.

Table 9. Aid to families with dependent children: Recipients and money payments to recipients under community work and training programs, by State, November 1965 1/

State	Number of families with an adult on work and training programs	Number of recipients				Money payments to recipients			
			Adults					Average per family	
		Total 2/	On work and training programs	Other	Children	Total	For work performed on work and training programs	Total	For work performed on work and training programs
Total.....	17,645	99,680	17,653	15,292	66,735	$3,053,808	$2,315,781	$173.07	$131.24
California.....	3,734	19,263	3,741	2,869	12,653	780,577	305,611	209.05	81.85
Illinois.....	1,362	8,382	1,363	1,152	5,867	296,908	235,731	217.99	173.08
Kansas.....	91	548	91	85	372	23,074	11,052	253.56	121.45
Maryland.....	87	532	87	84	361	16,862	9,868	193.82	113.43
Michigan.....	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	---	---
Ohio.....	2,913	16,601	2,913	2,238	11,450	655,612	538,363	225.06	184.81
Oregon.....	152	900	152	131	617	34,263	11,909	225.41	78.35
Pennsylvania.....	415	3,263	415	415	2,433	78,235	47,482	188.52	114.41
Washington.....	374	2,213	374	374	1,465	57,100	44,588	152.67	119.22
West Virginia.....	8,517	47,978	8,517	7,944	31,517	1,111,177	1,111,177	130.47	130.47

1/ Represents data for community work and training programs under plans for such programs submitted under Section 409 of Social Security Act. 2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance. 3/ Data not reported.

Table 10. Aid to families with dependent children receiving foster care: Recipients and payments for foster care, by State, November 1965 1/

State	Number of				Payments for foster care			
	Children receiving foster care			Families from which children were removed	Total amount	Average per child	In foster homes	In institutions
	Total	In foster homes	In institutions					
Total.....	6,851	2/ 5,630	2/ 290	2,812	$518,927	$75.74	2/ $389,741	2/ $46,481
Ala.....	2	2	0	2	82	(3/)	82	0
Alaska.....	88	88	0	30	9,273	105.38	9,273	0
Ariz.....	189	189	0	73	9,189	48.62	9,189	0
Calif.....	1,391	1,257	134	666	135,985	97.76	107,262	28,723
Ill.....	931	(2/)	(2/)	371	82,705	88.83	(2/)	(2/)
Ind.....	149	149	0	48	5,808	38.98	5,808	0
Kans.....	107	104	3	48	9,349	87.37	9,020	329
Ky.....	43	40	3	16	2,980	(3/)	2,770	210
La.....	618	579	39	261	45,140	73.04	40,663	4,477
Md.....	838	800	38	274	67,317	80.33	63,493	3,824
Mich.....	55	51	4	22	4,099	74.53	3,739	360
Minn.....	190	159	31	82	18,594	97.86	12,189	6,405
Mo.....	66	66	0	19	3,399	51.50	3,399	0
N. Mex.....	91	91	0	21	5,326	58.53	5,326	0
N. C.....	0	0	0	0	0	0	0	0
Okla.....	326	326	0	138	15,319	46.99	15,319	0
Oreg.....	134	134	0	62	8,949	66.78	8,949	0
Tenn.....	292	257	35	99	18,587	63.65	16,617	1,970
Utah.....	327	327	0	149	18,154	55.52	18,154	0
Va.....	62	62	0	19	2,793	45.05	2,793	0
Wash.....	681	681	0	302	37,835	55.56	37,835	0
W. Va.....	96	93	3	40	5,797	60.39	5,614	183
Wis.....	175	175	0	70	12,247	69.98	12,247	0

1/ Data for this segment of the program, shown separately here, are included in data for the total program. All data subject to revision. 2/ Excludes Illinois; breakdown not available. 3/ Average payment not computed on base of fewer than 50 children.

Table 11. General assistance: Recipients and payments to recipients, by State, November 1965 1/

/Excludes vendor payments for medical care and cases receiving only such payments/

State	Number of--		Payments to recipients			Percentage change from--			
				Average per--		October 1965 in--		November 1964 in--	
	Cases	Recipients	Total amount	Case	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 2/.....	300,000	641,000	$20,379,000	$67.91	$31.81	+1.6	+2.0	-8.8	-4.4
Alabama.....	89	89	1,125	12.64	12.64	(3/)	(3/)	(3/)	(3/)
Alaska.....	182	646	9,116	50.09	14.11	+28.4	+4.7	+7.7	-13.1
Arizona.....	2,067	4,853	114,928	55.60	23.68	-4.9	-1.1	-1.6	+4.7
Arkansas.....	315	1,250	4,833	15.34	3.87	+31.0	+11.4	+15.8	+3.1
California.....	19,995	34,953	1,194,295	59.73	34.17	+9.0	+7.0	-17.1	-20.7
Colorado.....	937	3,556	43,251	46.16	12.16	+3.9	+3.0	-32.8	-41.3
Connecticut.....	4/ 4,294	4/ 12,081	4/ 313,677	73.05	25.96	+10.4	+9.9	+21.3	+18.5
Delaware.....	1,304	2,467	70,596	54.14	28.62	-1.5	-2.8	-7.2	-8.1
Dist. of Col.....	789	855	62,434	79.13	73.02	-1.2	+.4	+14.5	+20.6
Florida 5/.....	8,100	(6/)	243,000	---	---	---	---	---	---
Georgia.....	2,323	5,886	76,338	32.86	12.97	-1.4	+.6	+6.3	+8.9
Guam 7/.....	35	54	1,516	(3/)	28.07	---	---	---	---
Hawaii.....	1,021	1,355	89,844	88.00	66.31	+2.8	+4.4	+1.2	+19.8
Illinois.....	21,911	46,423	1,757,544	80.21	37.86	-.5	-1.6	-15.6	-14.4
Iowa 5/.....	3,300	7.000	128,000	---	---	---	---	---	---
Kansas.....	2,612	5,973	186,914	71.56	31.29	-.8	+2.0	-10.4	+.4
Kentucky.....	1,041	2,155	39,771	38.20	18.46	-40.7	-10.1	-46.9	-21.7
Louisiana.....	7,680	8,430	400,090	52.10	47.46	-2.7	-2.8	-6.6	-6.7
Maine.....	2,434	8,062	117,058	48.09	14.52	+14.9	+16.0	-4.4	+2.3
Maryland.....	7,910	8,817	611,798	77.34	69.39	+1.4	+1.9	+14.8	+23.2
Massachusetts.....	7,539	14,742	516,988	68.58	35.07	-1.3	+2.9	-3.3	-1.0
Michigan.....	19,725	58,817	1,519,980	77.06	25.84	+1.5	+9.2	-10.9	-8.9
Minnesota.....	7,253	20,167	595,212	82.06	29.51	+4.7	+6.2	-21.7	-22.4
Mississippi.....	1,109	1,353	19,528	17.61	14.43	-.2	+.2	-21.3	-1.0
Missouri.....	9,677	12,479	633,620	65.48	50.77	+1.5	+.1	-1.7	-2.4
Montana.....	1,038	2,999	55,801	53.76	18.61	+7.5	+7.7	-8.3	-4.6
Nevada.....	544	1,449	26,503	48.72	18.29	+113.4	+23.8	+91.2	+24.5
New Hampshire.....	724	2,399	43,428	59.98	18.10	+9.2	+6.6	-21.6	-20.2
New Jersey 8/.....	9,043	28,160	1,153,016	127.50	40.95	-2.6	+5.0	-7.6	+3.2
New Mexico.....	277	564	11,459	41.37	20.32	+6.6	+8.0	-25.8	-44.5
New York 9/.....	50,141	110,054	4,640,540	92.55	42.17	+1.0	+1.3	+9.5	+16.3
North Carolina.....	1,751	4,810	46,726	26.69	9.71	+10.0	+8.1	+2.1	+5.0
North Dakota.....	304	1,196	17,932	58.99	14.99	+36.2	+40.9	-18.1	-12.0
Ohio.....	24,135	72,100	1,643,384	68.09	22.79	+1.1	+3.4	-20.3	-14.7
Oklahoma.....	8,501	(6/)	95,195	11.20	---	---	-6.2	---	-11.5
Oregon.....	3,322	(6/)	169,260	50.95	---	---	(10/)	---	-26.5
Pennsylvania.....	31,804	38,545	2,182,928	68.64	56.63	-.6	-1.3	-10.7	-5.1
Puerto Rico.....	1,123	1,123	9,500	8.46	8.46	-8.3	-9.5	+.9	+5.7
Rhode Island.....	2,558	6,345	160,280	62.66	25.26	-3.7	+1.9	-9.9	-15.2
South Carolina.....	1,205	1,383	37,287	30.94	26.86	+3.5	+.4	-5.4	-4.9
South Dakota.....	340	1,189	12,622	37.12	10.62	-1.7	+10.4	-7.5	+1.9
Tennessee.....	1,725	2,783	40,234	23.32	14.46	+2.1	+6.3	-20.0	-1.3
Texas 11/.....	8,900	(6/)	267,000	---	---	---	---	---	---
Utah.....	669	838	41,534	62.08	49.56	+1.7	-7.7	-79.8	-62.8
Vermont 11/.....	1,100	(6/)	29,000	---	---	---	---	---	---
Virgin Islands.....	197	212	7,577	38.46	35.74	-.5	-3.9	+15.8	+16.3
Virginia.....	2,878	6,987	149,487	51.94	21.40	+5.8	+11.1	+26.3	+30.4
Washington.....	7,403	11,917	519,630	70.19	43.60	+16.1	+8.3	-22.2	-11.4
West Virginia.....	1,683	2,729	60,479	35.94	22.16	+2.5	+.9	+8.6	+7.2
Wisconsin.....	5,728	17,313	508,770	88.82	29.39	+.8	-3.9	-18.2	-20.5
Wyoming.....	352	1,292	26,634	75.66	20.61	+12.9	+15.4	+2.0	+6.2

1/ All data subject to revision. 2/ Partly estimated; does not represent sum of State figures because totals exclude for New Jersey an estimated number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services; recipient count also includes an estimate for States not reporting such data. Excludes Idaho, Indiana, and Nebraska; data not available. 3/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients. 4/ About 9 percent of this total is estimated. 5/ Partly estimated. 6/ Data not available. 7/ Data for October; November data not received. 8/ Includes an unknown number of cases and persons receiving only medical care, hospitalization, and/or burial, and total payments for such services. 9/ Includes an unknown number of cases and persons receiving only medical care. 10/ Increase of less than 0.05 percent. 11/ Estimated on basis of reports from sample of local jurisdictions.

Table 12. Amount of vendor payments for medical care for recipients of public assistance, by program and State, November 1965 1/

State	Old-age assistance	Medical assistance for the aged	Aid to the blind	Aid to the permanently and totally disabled	Aid to families with dependent children	General assistance 1/
Total.....	$37,599,969	$52,144,968	$979,509	$12,837,196	$14,159,845	$9,965,000
Ala.....	1,283,547	74,012	4,471	78,025	828	12
Alaska 2/.....	32,814	(3/)	---	14,085	4	50,330
Ariz.....	80,399	(3/)	---	---	---	---
Ark.....	884,763	205,140	25,452	236,610	46,834	28,677
Calif.....	3,053,533	12,171,505	177,884	1,433,113	1,362,616	---
Colo.....	579,808	4/ 999,706	4,914	107,211	145,835	46,136
Conn.....	143,216	4/ 1,404,664	16,854	346,635	438,898	---
Del.....	26,716	21,740	2,563	---	---	---
Dist. of Col.....	67,117	125,741	428	34,536	1,021	61
Fla. 2/.....	1,056,371	323,987	13,722	195,915	56,994	---
Ga.....	1,057,065	(3/)	14,342	176,871	44,912	---
Guam 5/.....	2,295	2,527	---	296	1,276	---
Hawaii 2/.....	23,429	213,588	3,220	113,313	105,239	36,822
Idaho.....	62,294	386,046	90	26,362	---	---
Ill. 2/.....	2,688,857	417,801	78,299	1,169,192	1,820,177	896,491
Ind.....	1,028,925	166,755	43,721	136,629	285,934	---
Iowa.....	1,027,878	529,453	11,142	17,525	185,856	6/ 265,000
Kans. 2/.....	490,341	4/ 530,313	12,413	127,744	251,706	140,586
Ky. 2/.....	849,529	389,992	23,503	188,862	267,712	---
La.....	2,547,338	101,227	7,065	122,391	22,723	5,013
Maine 2/.....	334,676	89,148	3,475	46,289	24,660	86,854
Md. 2/.....	512,788	7/ 514,704	8,651	237,786	349,268	4,594
Mass.....	1,061,472	4/ 5,685,451	21,483	1,096,195	562,282	211,721
Mich.....	872,349	2,635,481	19,525	331,437	311,992	674,892
Minn.....	1,162,013	4/ 2,844,284	59,367	307,270	495,781	575,327
Miss.....	153,158	(3/)	1,249	---	---	---
Mo.....	1,194,197	(3/)	---	83,089	59,444	18,530
Mont.....	89,952	287,533	169	36	---	379,623
Nebr. 2/.....	433,080	4/ 469,851	22,865	158,607	45,821	---
Nev.....	18,881	977	1,242	(3/)	10,898	157,222
N. H.....	131,869	101,855	6,768	25,981	37,843	---
N. J.....	343,615	4/ 1,493,993	12,187	265,498	317,119	328,795
N. Mex. 2/.....	225,162	6,245	8,043	91,749	134,699	5,350
N. Y. 2/.....	1,291,263	4/ 10,869,169	101,006	2,139,885	3,003,902	326,394
N. C.....	402,914	320,323	31,289	316,582	221,158	76,799
N. Dak. 2/.....	153,277	4/ 340,545	1,300	101,333	63,363	11,189
Ohio.....	1,801,412	(3/)	51,483	371,321	794,276	1,435,445
Okla. 2/.....	1,775,473	144,495	35,116	327,478	123,286	---
Oreg.....	162,216	632,355	6,019	189,666	170,412	80,853
Pa.....	651,421	2,750,038	27,199	434,362	899,707	1,119,146
P. R. 2/.....	---	143,846	---	---	---	---
R. I. 2/.....	98,468	537,227	1,989	58,185	142,125	52,676
S. C.....	376,854	224,465	23,809	90,524	23,990	13,806
S. Dak.....	250,133	116,769	563	19,881	---	103,191
Tenn.....	582,335	414,384	3,086	22,373	67,665	---
Tex.....	2,590,599	(3/)	---	---	---	---
Utah.....	57,011	259,481	2,392	150,830	88,189	2,429
Vt. 2/.....	232,281	31,380	1,565	33,210	---	---
V. I.....	1,320	3,084	3	50	155	193
Va.....	290,267	305,542	10,610	104,786	61,745	22,299
Wash.....	695,145	1,564,917	17,135	615,299	311,418	120,072
W. Va.....	206,074	307,851	11,385	74,516	376,725	15,565
Wis.....	2,415,681	961,705	47,233	607,635	412,569	254,038
Wyo.....	46,378	23,673	1,220	10,028	10,788	42,870

1/ Data incomplete. Some States do not report these data and for some the data represent only partial reporting. The total includes an estimated amount for these States. 2/ Except for aid to families with dependent children and general assistance, data represent payments for recipients of the specified type of assistance under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 3/ No program in operation. 4/ Includes money payments not subject to Federal participation as follows: $26,942 in Colorado, $11 in Connecticut, $14,139 in Kansas, $95,145 in Massachusetts, $35,170 in Minnesota, $14,179 in Nebraska, $7,593 in New Jersey, $50,679 in New York, and $2,966 in North Dakota. 5/ Data for October; November data not received. 6/ Partly estimated. 7/ Estimated.

Table 13. Average payment per recipient for all assistance, for money payments, and for vendor payments for medical care, by program and State, November 1965 1/

State	Old-age assistance			Medical assistance for the aged	Aid to the blind			Aid to the permanently and totally disabled			Aid to families with dependent children (per recipient)		
	All assistance	Money payments to recipients	Vendor payments for medical care		All assistance	Money payments to recipients	Vendor payments for medical care	All assistance	Money payments to recipients	Vendor payments for medical care	All assistance	Money payments to recipients	Vendor payments for medical care
Total.....	$80.49	$62.83	$17.66	$187.60	$89.56	$79.21	$10.35	$86.69	$64.21	$22.48	$35.10	$31.88	$3.22
Ala.....	67.20	55.70	11.49	305.83	68.64	66.26	2.38	47.10	41.84	5.26	11.80	11.79	.01
Alaska 2/.....	94.76	70.74	24.02	(3/)	81.26	81.26	---	129.18	70.25	58.93	35.54	35.54	(4/)
Ariz.....	62.44	56.42	6.01	(3/)	71.24	71.24	---	66.99	66.99	---	28.15	28.15	---
Ark.....	64.89	50.17	14.72	64.41	73.10	59.92	13.17	62.82	38.37	24.45	16.72	15.20	1.52
Calif.....	113.43	102.37	11.06	332.54	134.22	120.01	14.21	119.72	101.89	17.83	44.51	42.14	2.36
Colo.....	92.86	79.33	13.53	194.61	91.32	70.67	20.65	79.82	62.72	17.10	38.80	35.55	3.25
Conn.....	83.91	60.61	23.29	179.42	119.32	64.24	55.08	83.01	43.81	39.20	48.35	40.50	7.85
Del.....	69.92	51.61	18.31	124.94	87.37	79.43	7.93	74.35	74.35	---	28.73	28.73	---
Dist. of Col....	91.91	62.90	29.00	141.76	77.75	75.50	2.25	82.53	72.38	10.16	31.95	31.91	.04
Fla.2/.....	62.23	47.99	14.24	369.01	65.25	59.93	5.31	66.45	55.59	10.85	15.72	15.20	.52
Ga.....	58.35	46.98	11.38	(3/)	60.18	55.70	4.48	61.01	54.55	6.46	22.74	22.15	.59
Guam 5/.....	50.90	37.71	13.19	(6/)	(6/)	(6/)	---	(6/)	(6/)	---	18.67	16.78	1.89
Hawaii 2/.....	90.75	73.03	17.72	300.41	125.73	80.38	45.35	152.68	67.68	85.01	45.49	38.26	7.23
Idaho.....	76.32	60.77	15.55	147.12	69.05	68.33	.72	57.70	49.33	8.37	39.19	39.19	---
Ill. 2/.....	100.11	47.78	52.33	343.59	99.49	65.55	33.94	108.16	69.28	38.88	46.14	38.96	7.18
Ind.....	91.17	44.30	46.88	184.87	87.04	61.64	25.40	126.82	48.03	78.79	31.13	25.28	5.85
Iowa.....	96.14	57.16	38.98	100.98	101.41	91.37	10.05	97.42	84.90	12.52	41.36	37.30	4.05
Kans. 2/.....	93.24	69.44	23.81	159.68	101.28	75.63	25.65	116.03	91.61	24.42	39.50	32.79	6.70
Ky. 2/.....	62.69	48.42	14.27	31.52	72.52	63.09	9.42	77.49	61.65	15.84	24.98	21.77	3.20
La.....	84.42	65.10	19.33	175.44	80.04	77.42	2.62	59.10	52.90	6.20	23.04	22.82	.21
Maine 2/.....	83.58	52.59	30.99	244.24	85.85	73.35	12.50	91.28	70.78	20.50	30.75	29.40	1.36
Md. 2/.....	93.91	43.64	50.26	7/ 44.39	89.84	66.58	23.26	94.64	65.07	29.57	38.24	34.24	4.00
Mass.....	92.86	71.98	20.88	180.31	154.31	144.93	9.37	146.15	65.10	81.05	48.04	42.51	5.53
Mich.....	99.78	81.72	18.05	399.01	92.72	80.82	11.91	110.17	85.86	24.31	36.52	34.50	2.02
Minn.....	93.26	55.29	37.97	187.75	119.92	65.31	54.62	125.99	58.59	67.40	53.39	44.07	9.32
Miss.....	38.53	36.41	2.12	(3/)	44.29	43.79	.50	43.54	43.54	---	9.15	9.15	---
Mo.....	70.18	58.27	11.91	(3/)	80.00	80.00	---	73.32	67.98	5.35	24.33	23.78	.56
Mont.....	84.66	63.57	21.09	177.93	74.14	73.39	.75	61.41	61.38	.02	36.15	36.15	---
Nebr. 2/.....	81.63	42.63	39.00	185.86	96.73	56.12	40.61	107.71	51.98	55.73	30.84	28.26	2.58
Nev.....	70.77	61.80	8.98	11.36	107.89	99.44	8.45	(3/)	(3/)	(3/)	31.49	29.45	2.04
N. H.....	115.24	85.01	30.22	43.36	115.33	89.20	26.13	123.37	82.84	40.53	46.16	38.12	8.04
N. J.....	88.91	64.35	24.56	255.43	92.73	79.38	13.35	103.11	73.30	29.81	50.74	47.93	2.81
N. Mex. 2/.....	79.86	57.57	22.29	(3/)	96.70	73.59	23.11	92.68	69.66	23.03	34.03	29.53	4.50
N. Y. 2/.....	96.53	73.95	22.58	302.24	118.34	86.06	32.28	135.25	75.66	59.58	49.47	44.07	5.40
N. C.....	63.20	53.70	9.50	106.28	72.00	65.58	6.42	72.86	59.08	13.78	25.00	22.98	2.02
N. Dak. 2/.....	97.31	66.05	31.26	231.19	91.12	75.46	15.66	122.22	64.24	57.97	45.53	37.72	7.81
Ohio.....	90.83	68.54	22.29	(3/)	88.02	71.77	16.25	84.64	66.01	18.62	33.20	29.00	4.19
Okla. 2/.....	96.47	74.83	21.64	144.06	124.80	103.15	21.65	113.47	91.94	21.53	34.14	32.50	1.65
Oreg.....	74.81	58.28	16.54	148.13	97.16	84.75	12.41	71.92	49.41	22.51	41.79	36.61	5.19
Pa.....	81.62	67.20	14.43	237.60	86.30	84.74	1.56	86.24	65.87	20.36	33.59	30.28	3.31
P. R. 2/.....	8.57	8.57	---	35.43	8.60	8.60	---	8.76	8.76	---	4.12	4.12	---
R. I. 2/.....	97.31	79.52	17.79	62.97	95.32	77.07	18.25	96.58	76.64	19.94	43.52	37.41	6.11
S. C.....	54.91	39.74	15.16	180.58	66.83	54.15	12.68	55.05	45.18	9.87	16.05	15.18	.87
S. Dak.....	92.25	53.53	38.72	91.66	73.81	68.69	5.12	76.07	58.76	17.32	32.10	32.10	---
Tenn.....	59.88	46.88	13.00	39.52	58.70	57.20	1.50	56.97	55.37	1.60	24.46	23.61	.85
Tex.....	68.38	57.07	11.31	(3/)	69.30	69.30	---	56.84	56.84	---	19.70	19.70	---
Utah.....	69.79	57.29	12.49	105.22	69.43	54.85	14.59	71.88	41.22	30.66	35.76	31.70	4.05
Vt. 2/.....	90.72	46.73	43.98	179.31	73.66	60.93	12.72	85.08	60.11	24.97	29.57	29.57	---
V. I.....	40.56	37.58	2.98	7.07	(6/)	(6/)	---	40.37	39.39	.98	19.83	19.70	.13
Va.....	68.89	46.63	22.26	71.27	70.30	61.03	9.27	72.44	57.23	15.21	25.50	24.17	1.33
Wash.....	80.84	58.57	22.26	147.37	91.16	66.44	24.73	62.94	30.24	32.71	36.67	31.95	4.73
W. Va.....	54.75	39.92	14.82	26.27	57.99	43.12	14.86	53.53	40.64	12.89	26.46	22.94	3.52
Wis.....	117.67	29.82	87.86	168.34	112.03	50.85	61.18	128.91	36.34	92.57	50.59	41.22	9.36
Wyo.....	88.87	69.34	19.53	(6/)	96.96	74.78	22.18	83.39	69.52	13.87	38.53	35.78	2.75

1/ Averages based on cases receiving money payments, vendor payments for medical care, or both. Money payments may also include small amounts for assistance in kind and vendor payments for other than medical care. Averages for general assistance not computed because of difference among States in policy or practice regarding use of general assistance funds to pay medical bills for recipients of the special types of public assistance. 2/ Except for aid to families with dependent children, data for each program represent average payments for recipients of the specified type of assistance under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 3/ No program in operation. 4/ Less than one cent. 5/ Data for October; November data not received. 6/ Average payment not computed on base of fewer than 50 recipients. 7/ Estimated.

Old-age, survivors, and disability insurance benefits, summary data, November 1965

CURRENT MONTH DATA

Type of benefit	Benefits awarded in month		Benefits awarded in current-payment status, end of month			Amount of benefits paid 1/ in month (in thousands)
	Number	Average amount	Number	Monthly rate (in thousands)	Average amount	
Total, OASI and DI	473,036	---	---	---	---	$1,598,794
Total, OASI	417,936	---	---	---	---	1,459,005
Monthly benefits, OASI and DI	377,478	---	20,721,147	$1,506,941	---	1,578,541
Monthly benefits, OASI	322,378	---	18,997,708	1,386,895	---	1,438,751
Monthly benefits, DI	55,100	---	1,723,439	120,046	---	139,789
Old-age (retired-worker)	122,789	$87.66	11,057,152	928,260	$83.95	931,869
Disability (disabled-worker)	23,352	101.01	981,366	95,924	97.75	109,424
Wife's or husband's (OASI and DI)	37,811	41.87	2,804,792	120,765	43.06	124,633
Wife's or husband's (OASI)	30,803	43.15	2,612,679	114,023	43.64	116,254
Wife's or husband's (DI)	7,008	36.24	192,113	6,742	35.10	8,379
Widow's or widower's	43,458	73.62	2,340,769	172,597	73.73	179,325
Parent's	234	82.88	35,364	2,687	75.97	2,899
Child's (OASI and DI)	141,161	---	3,032,162	155,897	---	197,713
Child's (OASI--total)	116,421	---	2,482,202	138,517	---	175,727
Child's (OASI--life) 2/	23,348	41.72	452,759	14,432	31.88	18,258
Child's (OASI--survivor) 2/	93,073	68.64	2,029,443	124,085	61.14	157,469
Child's (DI)	24,740	35.35	549,960	17,380	31.60	21,986
Mother's	8,673	66.25	469,542	30,811	65.62	32,677
Lump-sum death payments	95,558	3/222.96	---	---	---	20,253

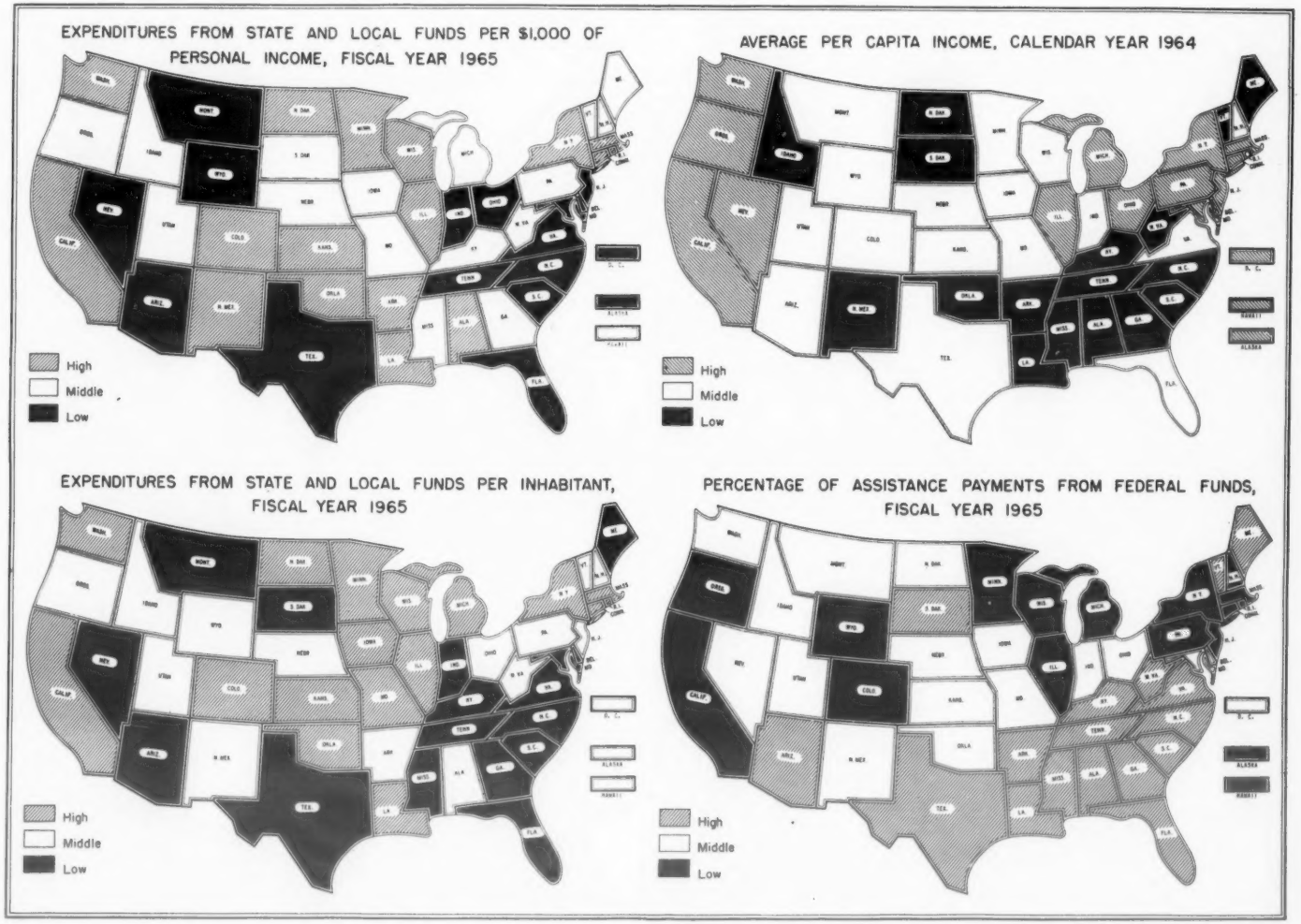
COMPARATIVE DATA

Item	November 1965	October 1965	November 1964
Number of benefits in current-payment status, end of month:			
Total, OASI and DI	20,721,147	20,522,796	19,790,754
Total, OASI	18,997,708	18,825,160	18,221,356
Total, DI	1,723,439	1,697,636	1,569,398
Amount of benefits paid (in thousands):			
Total, OASI and DI	$1,598,794	$1,573,635	$1,360,396
Total, OASI	1,459,005	1,435,848	1,248,401
Total, DI	139,789	137,788	111,994
Number of old-age (retired-worker) benefits:			
Awarded	122,789	110,368	67,690
In current-payment status, end of month	11,057,152	11,009,368	10,659,131
Average old-age (retired-worker) benefit:			
Awarded	$87.66	$88.79	$81.26
In current-payment status, end of month	83.95	84.00	77.53
Number of disability insurance (disabled-worker) benefits:			
Awarded	23,352	20,722	17,582
In current-payment status, end of month	981,366	969,774	893,458
Average disability insurance (disabled-worker) benefit:			
Awarded	$101.01	$101.31	$94.96
In current-payment status, end of month	97.75	97.72	91.15
Number of persons aged 62 and over receiving monthly benefits, end of month (OASI and DI) 4/	16,060,000	15,993,000	15,490,000
Number of persons aged 65 and over receiving monthly benefits, end of month (OASI and DI) 4/	14,212,000	14,143,000	13,633,000
Assets of trust funds, end of month (in millions):			
OASI	$18,752	$18,620	$19,389
DI	1,759	1,787	2,157

1/ Exceeds monthly amount of benefits in current-payment status because initial payments include amounts payable for prior months. Distribution by type of monthly benefit estimated.
2/ Distribution by type of claim for OASI child's benefits estimated.
3/ Average lump-sum per worker; 90,838 deceased workers represented in the current month's lump-sum awards.
4/ Numbers estimated to the nearest thousand.

Source: Division of the Actuary, Social Security Administration.

SELECTED FISCAL DATA RELATING TO PUBLIC FEDERAL—STATE ASSISTANCE PAYMENTS



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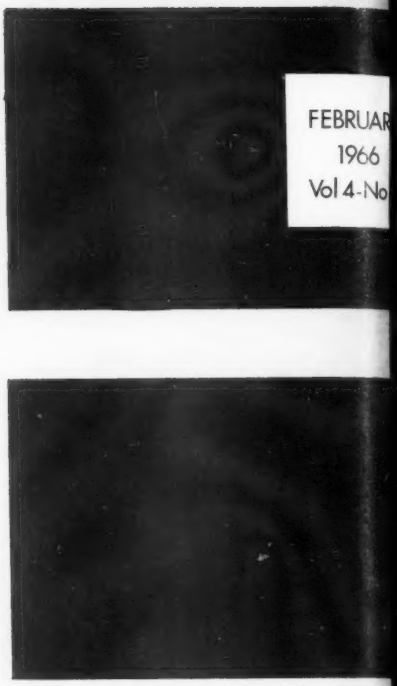
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